

# New York Medical Times.

A MONTHLY JOURNAL

OF  
MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

VOL. X.

NEW YORK, JANUARY, 1883.

No. 10.

## ORIGINAL ARTICLES.

### PSEUDO-MALARIAL DISEASE; OR, SOME CLINICAL EFFECTS OF QUININE.

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The geographical history of malarial disease, as written some years ago, names the Middle States of North America as a rare abode for true malarial affections. A superficial observer in this section of the country at the present day must conclude that the historian did violence to truth, or that malaria has rapidly increased in recent years, or a suspicion must be awakened that the term malaria covers a multitude of phenomena.

The ease and frequency with which this name is given to a variety of rather undefined ailments lacking sufficient characteristics to be readily classed might lead to little danger or call for much comment if the matter ended with a diagnosis, but when we consider the well-nigh universal treatment which follows in the use of the alkaloid salts of cinchona—protoplasmic poisons—more interest must attach to the subject. A physician of large practice in a not distant city informed the writer that fifty per cent. at least of cases of sickness in his locality were malarial, and a neighboring druggist confirmed the statement, by saying over fifty per cent. of prescriptions received at some seasons of the year contained bark or its alkaloid salts. On this question we have no wish to be understood as making any exception of our school. I but echo the opinion of older and larger observers than myself when I say that a majority of homœopaths (so classed) base their treatment on diagnosis, and hence give quinine for so-called malaria, as they must do when prescribing from a nosological standpoint, quinine being acknowledged to be the best single remedy known for true malarial disease of recent origin.

Some few years ago the writer came from an Eastern city, where no form of malarial disease had prevailed at least for years. Since that time, residing in this city and with opportunities for observation in other near localities, he has often been impressed by the likeness of many cases of so-called malaria, here, and other cases of functional derangement formerly seen East, and which were designated by various names as they depended on disturbance of the nervous, digestive or other system or organs, but never malarial and usually best relieved without quinine. These impressions have not only confirmed the belief in a likeness in the cases seen in the former and latter places, but also that they are the same so far as any disease can be the same in two or more individuals, of the same general nature from the same general causes. Further investigation of some cases led to the conviction that many so-called malarial affections

in this section of country are not of that nature or origin, and that the free exhibition of cinchona salts in these cases often develops artificial febrile paroxysms with increase of functional disturbance closely resembling intermittent or remittent fever.

To better study this subject I have made a comparison\* of the conditions and symptoms of malarial disease and those derived from the experiments and provings of cinchona and quinia.

#### MALARIAL DISEASE—CINCHONA AND QUINIA.

Malarial poison is rapidly absorbed and diffused in the system, marked symptoms appearing in one-half hour after direct exposure, and the maximum febrile disturbance in about five hours.

The blood is the vehicle for carrying malarial poison and when present in sufficient quantity or degree it disorganizes the red corpuscles and retards the development of white corpuscles, thinning the blood.

Anæmia, or some vice of constitution, is said to exist before malarial disease can be developed in the system, except to cause very temporary effects.

"Different forms of malarial disease differ from one another only in degree . . . subject to variation in quality and quantity of poison," and "its more or less continuous influence."

One or more attacks of intermittent fever predispose to subsequent attacks.

Natives in malarious regions continually exposed present a "state of chronic sickness," but their systems become somewhat accommodated to the prevailing influences.

Recent malarial disturbance is characterized by more or less periodical febrile movement.

During the prevalence of an epidemic of malarial fever, abortions and premature deliveries are more common.

The presence of malarial poison in the system tends to hyperæmia of spleen, liver, kidneys, gastro-intestinal and respiratory mucous membranes, and, later, œdema.

In fatal pernicious fever "hyperæmia and œdema are the principal conditions present, after all the disturbances of the central nervous system."

Quinine enters the blood quickly and is rapidly diffused, showing its presence in crystalline lens and urine in one-half hour, and reaches its maximum effect in five hours.

Quinine salts reach different parts of the system through the blood and when in sufficient amount lessen the growth and movement of white and diminish the function of the red corpuscles, thinning the blood.

Anæmia, or some divergence from health, seems to render the system more susceptible to the action of cinchona or quinia in large doses, more especially as causing periodicity.

The physiological and symptomatic effects of quinia depend largely on the dose and its repetition.

Previous malarial disease creates a greater liability to the production of an artificial fever from the large use of quinia.

The repeated use of bark or quinia tends to cause disturbance of function and sickly appearance, but the system accommodates itself in a measure to even larger doses.

"Daily observation," says Bretonneau, "proves that cinchona given in large doses produces in many a well marked febrile movement."

The oxytoc influence of large doses of quinia has been asserted, and extra caution advised in using it in pregnancy.

Provers of cinchona and quinia have had symptoms indicating congestion of spleen, liver, kidneys, mucous membranes of respiratory and digestive tracts, and local œdema.

In fatal poisoning from quinia the nervous system was profoundly affected, and the chief post mortem appearance found was much congestion of brain.

\* Authorities consulted—Practice, Ziemssen's Cyclopædia, Reynolds, Watson, Flint, Kane. *Matéria Medica*, Allen's Encyclopædia, Bartholow, Ringer, Phillips, Hale, Biddle, Hering, Hughes' Pharmacodynamics, Cowperthwaite, Heinicke, and Medical Journals.

Direct exposure to marsh miasm has been followed soon by disturbance of vision, ringing in the ear, dryness, roughness and burning in throat, choking sensations, chilliness, and later fever, followed by perspiration. Paroxysms of pernicious fever may have coma, delirium, dilated pupils and convulsions.

Symptoms of cinchonism are—fullness and constriction of head, giddiness, vertigo, tinnitus aurium, and with considerable doses deafness, amblyopia or amaurosis (sometimes slight chill succeeded by dry heat and slight perspiration, also scraping and spasmodic irritation of throat), in poisonous doses, intense headache, delirium, coma, dilated pupils and convulsions follow.

#### VARYING SYMPTOMS.

##### MIND.

Depression and mental confusion; distaste for mental or physical effort; anxiety, stupor, excited or restless.

Indifference and apathy; distaste for mental or physical work; insupportable anxiety; excessive excitability, restlessness.

##### PAIN AND SENSATIONS.

Throbbing pain in head, and a feeling as if up all night.

Violent headache, throbbing of *carotids*. Confusion of head, as from being up all night.

Neuralgic pains most common in branches of *trigeminal nerve*, especially frontal branch of *ophthalmic division*.

Neuralgiform pain more frequent and acute in *supra-orbital region*.

Pain in back of neck, including first dorsal vertebra, and shooting itself spontaneously or on pressure.

Pain and tenderness in vertebrae, especially in dorsal region. Sensitiveness of last cervical and first dorsal vertebra to pressure.

Darting pain in eyes; wandering, shooting, aching or dragging pains in limbs, back and loins; pains in joints, stiffness and difficulty in moving; cardialgia. Great fatigue after exertion, trembling; sensitive to changes of weather.

Motion of eyes painful; pains in joints and bones as if sprained; drawing and tearing pains in limbs and back; cardialgia, trembling, morbid sensation of general weakness, worse from motion. Sensitive to drafts of air.

##### GASTRO-INTESTINAL SYSTEM.

Tongue white, slimy; yellow, dry in centre; taste stale, bitter; often metallic. Slimy saliva on teeth and sides of mouth, loss of appetite; repugnance to food, thirst, nausea, vomiting, constipation; diarrhoea, painless or colicky, mucous and bloody stools; tenesmus, abdominal distension, liver tender on pressure. Spleen tender on pressure and enlarged.

Tongue dirty yellow. Mouth full of mucus and saliva, sometimes dry with unheal by taste, slimy, flat or bitter; thirst; no desire for food; nausea and vomiting, obstinate constipation; diarrhoea with violent colic-like pains; painless diarrhoea; flatulence and great distension of abdomen; pain in region of liver, tender on pressure; dull, painful and oppressive sensations in region of spleen. Tender or relieved by pressure.

Hæmorrhage from bowels.

Hæmorrhage from bowels.

##### URINARY.

Urine turbid, dark, scanty, urea increased. Urine watery, clear, increased in quantity. Later, rich in solids, sediment of urates; frequent and burning micturition. Hæmorrhage, or blood in urine.

Urine dark, scanty, turbid or increased in quantity, with sediment of urates and phosphates; frequent micturition. Hæmorrhage from urinary passages.

##### VOCAL AND RESPIRATORY.

Rough, hoarse feeling in throat; apnoea; dry and moist rhonchi; constriction of chest, dyspnoea. Cough with catarrhal expectoration from throat and bronchi.

Scraping soreness of throat; recurring hoarseness; aphonia. Wheezing and soreness in bronchi; oppression of chest; increased respiration. Cough with slimy expectoration from throat and mucus from bronchial tubes.

##### CIRCULATORY.

Precordial fullness; palpitation with anxiety; pulse small, or full and frequent, quick, irregular; venous congestions.

Extreme precordial anxiety; palpitation; pulse full, rapid or low (from large dose), or small, quick and irregular; distension of veins.

##### SKIN.

Face flushed and hot. Skin pale, yellow, livid, greenish yellow, ashy gray. Sunken about eyes (conjunctiva red or yellow). Swelling or edema of eyelids, face and limbs; skin dry, moist, shrunken. Herpes, rosacea, purpura, urticaria and erysipelas may occur; desquamation or crusts. Tendency to sweat, particularly after exertion.

Face flushed, hot, or pale and sunken (conjunctiva red, yellow); edema of face, eyelids and limbs. Skin livid, yellowish gray, earthy; red or scarlet rash over body lasting several days. "Pimples with intolerable itching, becoming vesicles or pustules." Desquamation, squamous scales. Perspiration during sleep, when quiet and while walking.

##### SLEEP.

Uneasy, disturbed by distressing dreams.

Unrefreshing, uneasy, interrupted by frightful or wonderful dreams.

The comparison, though incomplete, is sufficient to prove a likeness. Further analysis shows:

First, That the primary or earlier effects of malarial poison and of *cinchona* and *quinine* have the greater similarity, while the later or secondary effects have the less similarity.

Second, That many of the more important symptoms have occurred in the provings of *quinia sulphate*, especially those dependent on disturbance of the nervous system.

Third, As it is believed that something other than the absorption of a specific poison enters into the causes of malarial fever ("such as anemia or some vice of constitution") and it is also admitted that *quinia* is more likely to produce a febrile disturbance in systems previously impaired, so symptoms following the free use of *quinia* in mild functional ill health may be said to possess a basis of similarity to those from paroxysms of malarial disease.

The last proposition is of interest as aiding to understand the action of *quinia* in true malaria, and in establishing the value of clinical drug symptoms or effects, secondary only to those of a more strict physiological nature. Moreover, it has a special relation to the following cases:

CASE I.—F. M., age 34. Single, clerk. Month, August. Previous health fair; has had seminal emissions for three years, which have weakened him at times, has had treatment for same, has been constantly at his work during the hot weather. History, as given by himself: Ten days ago began to have restless nights, erections, morning headache, felt nervous and despondent; foul, sour taste in mouth, rising of mucus in throat, poor appetite, constipation, urine dark with strong odor, tendency of bad feelings to be continuous, felt best riding about. His physician pronounced his trouble due to malaria and prescribed *quinia sulphate*. The following day there was no improvement, but some perspiration in the morning. *Quinia* increased.

3d Day.—Only changes remembered were afternoon chill, followed by sensation of heat, a more prolonged sweat, thirst. Same remedy again increased.

4th Day.—General symptoms much the same. Profuse emission at night, afternoon chill more severe, higher fever, and longer perspiration, increased prostration. Took 30 grains of *quinia* in divided doses.

5th Day.—Chill and fever were followed by exhausting sweat, lasting half of night, began to have burning on micturition and appearance of reddish yellow sediment in urine. *Quinia* in same doses.

6th and 7th Days.—Much the same except chill was of shorter duration and less marked, but fever prolonged and sweat much increased, lasting through night.

8th Day.—He first came under observation, then stated he was feeling worse than at any previous time with same general symptoms as at first, but with little remission in forenoon. Had now diarrhoea in place of constipation, sense of great prostration, but had been out every day, and to office, with one exception. He had already that day taken 18 grains of *quinia*, and was near the hour (2 P.M.) for his febrile paroxysm. His pulse was 120 per minute; temperature  $103\frac{1}{2}^{\circ}$ ; skin pale, slightly livid, tongue covered with sticky mucus or saliva, membrane of mouth dark red, tender, had thirst, headache, complete loss of appetite, and very sick appearance, etc.

Believing the case one of false malaria, from *quinia* acting on a system lowered by heat of summer, overwork and seminal losses, the *quinia* was entirely omitted, and nitric acid given. Patient sent home and advised to go to bed.

9th Day.—Reported at office, feeling better, had chill day before but less fever and sweat. Slept more, headache diminished, less slimy taste in mouth, and not so much mental or bodily prostration. Pulse 100; temperature  $100\frac{1}{3}^{\circ}$ .

10th Day.—Said he had passed the preceding 24 hours without chill or fever, and only slight sweat during sleep; has desire for food, which he had taken freely at breakfast and lunch; headache gone, tongue almost clean, stools and urine natural. Pulse 80; temperature 99°. I will only add that this patient suffered no relapse on the remedy named, in doses that have been said to be free from any medicinal value whatever. I need not, perhaps, say I attribute the immediate gain more to the withdrawal of *quinia* than any added treatment, and it will be observed that no paroxysm of fever occurred after sufficient time had elapsed for the elimination of that drug.

CASE II.—C. W., male, age 80; married; occupation broker. Previous health always good, except only nasal catarrh. Five days ago began to have headache in afternoon between two and four o'clock in right side, and occasional shooting pains through temple, otherwise seemed and felt well. His medical adviser thought it due to malaria, and gave him two grains of *quinia* every three hours.

2d Day.—Headache returned with more shooting pains in temple, and also in submaxillary regions, attack prolonged. *Quinia* taken oftener.

3d Day.—Attack more severe, pain extended to supra-orbital region, sharp and stabbing in character, longer duration. Had taken four grains of *quinia* every three hours during day.

4th Day.—Came under observation after a similar attack on preceding day; then had a feeling of slight general weakness, slimy taste in mouth, and some increase of salivary secretion; pulse and temperature normal, but stated he had sensations of chilliness and fever during the paroxysms of pain. Skin of right side of head was found sensitive to touch and supra-orbital nerve tender on pressure. *Quinia* discontinued and *ignatia* given.

5th Day.—Only slight return of headache; no neuralgic pain.

6th Day.—No return of headache or pain this or subsequent days.

I have notes of a similar case, which gradually developed a very severe form of daily supra-orbital neuralgia under the use of *quinine* prescribed for simple periodic headache in a district,\* at that time, free from malarial influence. This was before the therapeutics of homeopathy were known to me, and it became necessary to resort to full opiates and local blistering before relief was obtained. In both instances it is believed the headache was due to the nature of occupation pursued, and the neuralgiform pain caused by the daily accumulation of the drug used in the system.

CASE III.—J. K., age 83; married. Occupation insurance; is a hard worker, takes no vacations. Month. May. For several weeks had not felt well, diminished appetite, occasional nausea, disagreeable taste in mouth, constipation, etc., finally felt unable to attend business only part of each day, and thinking he had malaria, took, of his own accord, from 10 to 24 grains of *quinia* daily for three days. During latter two days had chilly sensations without any distinct chill. Also felt feverish at irregular intervals, the last day paroxysm of fever was well defined and prolonged for several hours, with pain in head, limbs and back, accompanied and followed with great prostration, complete loss of appetite, and for two days had increasing sore throat.

4th Day.—Came under observation at office, then had weak pulse of 110, temperature 104°; tongue coated yellowish white, taste bitter, tonsils and pharynx darkly congested, follicular exudation over former, throat swollen and painful on swallowing, pain extending to ears. Constant nausea, and had vomited yellow liquid early in the morning, frontal headache, aching and weak feeling in back and limbs, exhaustion so marked he could hardly walk.

*Diagnosis.*—Follicular tonsillitis, preceded by long derangement of function and debility. Sympathetic fever, with exacerbations due in whole or part to *quinine*.

*Treatment.*—*Phytolacca*; and to keep his bed.

5th Day.—Found him with a pulse of 85, temperature 101½°, without nausea or headache, but occasional pains in submaxillary region, less aching in back or limbs, throat better, had no chill or other evidence of febrile paroxysm for last 24 hours. Remedy continued.

6th Day.—Pulse 83, temperature 99½°, had had no pains or aches for some hours, exudation on throat gone, tongue beginning to clean, had felt no sensation of fever, but yet feels very weak. Given *arsenicum*.

7th day.—Pulse and temperature normal. Felt better in every way. Remedy continued, followed in a few days with *china*. Recovery complete.

CASE IV.—B. S., male, age 36; shoemaker; when first seen had been sick nearly two weeks, and under care of a physician, who kindly furnished the following brief history: When he was called to see him, twelve days before, the man had for several days complained of loss of appetite, dry mouth, nausea, constipation and some feverish sensations. On examination pulse and temperature were found about normal, tongue coated yellow, skin pale, conjunctiva tinged yellow, and other symptoms as on preceding days. He thought the case malarial only and prescribed two grains of *quinia* every three hours.

Next Day.—Patient had chilly feeling, followed by marked fever. Pulse and temperature not remembered. *Quinia* increased.

Following Day.—Chill more distinct, fever higher, and later slight sweat; no relief of other symptoms, but added weakness. *Quinia* increased to 30 grains daily.

4th Day.—No regular chill, but greater febrile rise and perspiration prolonged into evening. Pulse 110, weak; temperature 103½°, had occasional momentary delirium and in place of constipation diarrhoea.

From the fourth to the tenth day, the daily exacerbations of fever increased, followed by more or less sweat and some remission of fever; delirium also increased, sometimes muttering in character, and on the ninth night, active, the patient trying to get out of bed and escape; diarrhoea became more troublesome, and urine, on several occasions, passed in bed; liquid food and drink were swallowed when given. During this time *quinia* had been given in larger amounts with the hope of *breaking the fever*, until on the ninth and tenth days 120 grains were administered. On the afternoon of latter day he came under observation and presented the following condition: Emaciated, face sunken, pale and slightly livid, pupils dilated and responded only feebly to light; conjunctiva yellow; semi-unconscious, was apparently somewhat deaf, could be aroused with difficulty, and made only unintelligible replies to questions; frequent moaning, delirium and subsultus tendinum, tongue not protruded, coated yellowish brown, with sticky mucus or saliva on sides, adhering to the teeth; breath fetid. Pulse 124, very weak, temperature 104°; abdomen moderately distended, but there was no apparent gurgling or tenderness on pressure in iliac regions (and there had been no previous iliac tenderness), fullness over liver and spleen, but no enlargement could be detected. Stools said to be watery.

*Treatment.*—*Quinine* discontinued and *muric acid* advised in minute doses, liquid food to be persevered with as before.

11th Day.—Patient passed a better night, diarrhoea less, lies quiet in bed, dull mentally, but answers simple questions when aroused, protrudes tongue, pupils more natural, pulse 100, temperature 101½°.

12th Day.—Slept greater part of night, asked for food, stools more solid and infrequent, tongue moist, expressed himself as free from pain of any nature, pulse 90, temperature 99½°.

\* Boston, 1878.



From this time on the patient rapidly gained, there was no pyrexial rise after omission of quinia, only medicine used other than *muratic acid* was *china* during convalescence, the recovery was much too quick to follow typhoid fever or other zymotic disease.

I am not unaware that these cases may be thought of malarial origin, and I might introduce many others with a *like primary history* in which quinia was not used and which recovered *without any periodic fever*; farther, had these cases been due to malarial poison, they should have been relieved by quinia, or if an aggravation followed the remedy, it should have been of short duration; on the contrary, these patients were almost immediately better on taking away the quinia. It will also be observed that no distinct periodic fever appeared until after the drug had been given in several succeeding doses—beginning usually in the morning and reaching some effect in afternoon or evening.

That quinia will produce a physiological fever is still an open question, but that it will induce attacks of fever in persons having derangement of function, evidence is not wanting. Phillips\* tries to explain the claim of *cinchona* being homeopathic to intermittent fever in this way, though why he should make an exception of pure quinia I am unable to understand from the published efforts obtained. Dr. Harwood, in a paper read before the State Society of Kentucky (1881) claimed that large doses of quinia caused attacks of fever often mistaken for a relapse of malarial fever.

What we know of the nature of fever from the experiments of Wood, Traube, Böky, and others, leads to the conviction that it is a complex, but varying disturbance of nutrition, in which the nervous system is an essential agent. This is not incompatible with what we may observe concerning the action of quinia in producing fever, especially by increasing functional derangement and thus disturbing nutrition. Again, Wood has shown the elevation of temperature in some forms of fever to be due almost entirely to retention of heat from superficial capillary contraction. Further experiments prove that in fever heat production, the protoplasm of blood corpuscles is one of the especial elements consumed.

While we do not assert that quinia has any analogous action when it operates to develop fever, it can be shown to be a destroyer of protoplasm and to act on the nervous system to produce some capillary contraction. This furnishes an opportunity to notice recent denials that quinia is homeopathic, asymptotically, to intermittent fever, and founded substantially on the declaration that the peculiarity which characterizes malarial disease is a succession of paroxysms following a single † dose of the poison.

Now, in all the experiments with one dose of malarial poison that I have been able to find, no mention of more than one febrile paroxysm is made, the experimenter being in good health at the time. Hertz,‡ who purposely exposed himself and inhaled marsh miasm, speaks of only one attack of fever following other symptoms several hours later, and this may be considered a typical illustration of a single dose of the poison. We may well believe, as is generally admitted, that malarial disease is usually very much more than the results following a single dose of the poison, and any argument founded on the theory of a single dose is not sound, in that it rests on assumption and not fact.

Of the action of quinia in the cases just detailed, I shall only claim they afforded a basis for the drug action somewhat similar to that on which malarial poison operates to produce its characteristic features.

In these days of *bacteria* and other micro-organisms one might be considered wanting in due respect to speak of any disease and ignore its possible parasitic origin,

however *visionary*. The experiments and demonstration of Schwann, Pasteur, Koch, Tyndall, Sternberg, and others bearing on the germ theory of disease are somewhat familiar to all, and justify to some extent the belief that reproductive parasitic life is intimately connected with infectious and epidemic disease. Tyndall\* has shown that the living organisms which float in the air are necessary to putrefaction, and he demonstrated by many experiments the absolute absence of putrefaction change from contact of germless infusions and moteless air, and it seems a fact that organisms may be present in the body or enter it under proper conditions, there reproduce themselves, and influence, if they do not determine, the nature of disease, but such can be hardly more than a seeming truth. Rosenberger† by experiments proved the virus of *s-pticæmia* to be independent of the micrococci present, and that when the latter had been destroyed by heat (300° F.) inoculation with virus which had been heated produced active septicæmia. Should these results be confirmed by other experiments relating to other diseases, they would tend to show that microscopic organisms are not the essential cause of disease. Rather we might infer that germs being present in air and in some of the cavities of the body, morbid or retrograde processes in animal tissues afford them normal conditions for growth and multiplication.

Of the bacillus malarie (Klebs and Tommassi-Crudeli) or Laveran's malarial parasite little need be added. Two observers (Kelsch and Corr) claim that the latter bodies are not parasites, but merely pigmented corpuscles, due to retrograde metamorphosis, which takes place in the blood in *actual* forms of malarial fever. Dr. de Bill-some‡ in reviewing the arguments against vegetable germ theories, asserts the *microbe* dogma to be a revival of tenets current in the middle ages, and adds, "There is not now a single virulent disease of the human kind in which we have proved the presence of organisms that determine the disease, and yet our appliances for microscopic study are so perfect it appears doubtful if they can be much improved upon." \* \* \* Statements that microscopic organisms do not occur in spring water or in normal animal or vegetable tissues (Pasteur) are simply erroneous. It is a well-known fact that they are found everywhere. Indeed, the epithelium of certain cavities, such as the mouth, contain almost the entire collection of these *microbes*.

So far as this question relates to malarial disease § it is yet *sub judice* and in too great doubt to be of value in explaining the curative action of remedies, even though a drug have the power to suspend (not destroy) minute organisms in safe doses.

From these uncertainties regarding the nature of malaria, we turn to the more practical question of its frequency in this and surrounding cities. A comparatively limited observation leads me to believe it is much less prevalent than is generally supposed. Among a people numbering upwards of two millions, many of whom are stimulated by various influences to unnatural activity, subjecting their nervous systems to great pressure, at the expense often of their muscular and other tissues, others living inactive and morbid lives, or dissipated and immoral, and still more who daily violate laws pertaining to health either from habit or force of circumstances, it is reasonable to suppose much derangement of physiological function would occur sufficient to be termed disease, but to hastily conclude many of these cases are malarial and to treat them *routinely* as such, we submit is not only unwise practice and degrades our profession by so much automatic reasoning, but places a

\* Essays on floating matter of the air in relation to putrefaction and infection.

† Editorial, Medical Record, April 1, 1882.

‡ Prog. Medical, April 8, 1883.

§ It may yet be demonstrated that carbonic acid gas (always present in marsh miasm) may have intimate relation to malarial fever. See NEW YORK MEDICAL TIMES, Nov., 1882, Page 259.

\* "Materia Medica and Therapeutics," Page 241.

† There is no sufficient reason to believe that paroxysmal fever in some persons following a day or night's residence in a malarial district is only the effect of a single dose of poison.

‡ Ziemssen's Cyclopaedia, Vol. II., Page 587.



trivial value upon professional judgment by the individual public, who may well smile (as they often have) at the term "malaria." And from hearing the name applied so often and knowing the medicine usually given, they not unreasonably infer (from their standpoint) that they may as well diagnose and prescribe for themselves in many instances, though such a course cannot be otherwise than detrimental sooner or later.

It may be said that so long as diagnosis forms the indication for treatment many mistakes must follow—it being often impossible to distinguish functional disturbance from malarial poison and from other sources. The latter conclusion is not to be admitted, yet diagnosis can but seldom point to the best remedy; rather diagnosis should be made for purposes of classification of morbid processes or conditions which must be frequently *probable only during life*, and are not always verified after death. Treatment on the other hand is for purposes of cure or relief and must be directed to the individual, whose *true needs* may be very unlike those of another person with the same nosological disease.

There can be little doubt that the injudicious use in large doses of such drugs as *quinia*, *opium*, *chloral*, the bromides, etc., have induced in susceptible persons semi-drug-diseases, which with some have been more difficult to control than the original disturbance they were given to relieve. In other cases diseases have been aggravated or forced to a fatal issue by the persistent use of a supposed remedy. In the article on *Quinia Sulphate*, in the United States Dispensatory, Wood says, "Given largely in disease, it (*quinia*) has repeatedly caused fatal results."

Dr. Buller, of Montreal, in a paper read before *The American Ophthalmological Society* (1881) relates a case of complete loss of vision after large doses of *quinia*, with only partial recovery. Two cases of permanent deafness following full doses of *quinia* have come under my notice in the past year. Additional evidence of its disastrous effects might be given. With the enormous annual consumption of *cinchona alkaloids* in this country\* (computed in 1880 to have been 1,553,000 ounces) many injurious results must have followed its use by patients themselves, or from the hands of routine practitioners.

We have only attempted to illustrate clinically the harmful action of *quinia* in its relation to so-called malaria. There is, however, every reason to believe it may aggravate many non-malarial diseases by working contrary to or differently from, instead of with or like the processes established by physiological nature to give relief. Among those who believe in the indications held up by nature in the symptoms of the individual, and the art of applying drugs founded on "similarity" it is to be feared there are some who in their efforts to be "broad" physicians may forget some of the surest precepts of their own therapeutics.

### CLINICAL NOTES ON MENTAL DISEASES.

COLLECTED FROM THE GERMAN BY F. G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

(Continued from page 241.)

#### REPERTORY OF ONLY CURED SYMPTOMS.

The following remedies will be found on the following pages:

- Acon.—Aurum, page 105.
- Baryt.—Euonym, page 150.
- Heileb.—Nat. mur., page 180.
- Nx mosch.—Puls., page 214.
- Rhus.—Zizia, page 241.

Dr. S. H. Talcott has published in this journal (Vol. 7, Page 1) his experiences regarding the following remedies: acon., ver. vir., bell., hy., canth., lach., rhus., ver. alb., dig., aur., cham., nat. mur., cact., thuj., sil., sep. and actea. Since the article appeared in this same

journal and could not well be excerpted, we omitted it among the above remedies, but have used the material in the following repertory.

We had already commenced our article, when the publication of S. Worcester's work on insanity was announced, and would have desisted from the continuation, had it not been for making the German literature available to Americans. We have incorporated in the repertory all cured symptoms from this work.

*Sleeplessness and constipation of the bowels* are two symptoms of so very frequent occurrence, that they fail to be of any characteristic importance. We therefore have not always mentioned them in the above excerpts, nor have we done so in the following repertory. If a remedy suits the *totality* of the case, these two symptoms will disappear with the others. Beginners, therefore, should not be tempted to resort to opium, morphine, chloral, etc., for the one, nor to cathartics for the other. An allopathic specialist confessed once, that he had given oceans of opium, morphine and chloral without the slightest benefit. Injections for the constipation may occasionally be necessary.

*Absent-minded*: Nat. m., olea., plat., su.

*Abstinent men*: Con.

*Aggravations*: Time.

*Alone desire of being*: Anac., aur., bell., calc., cim., cu., gels., ign., nx., plat. *When comforted*: cham.

*Alone, dread of being*: Ac., cim., hy., ly., phos., sep., stram.

*Amorousness*: lovesickness

*Anxiety*: Acon., ars., aur., bell., calc., chel., cocc., cu., dig., gels., hell., lach., ign., ly., mere., nx., plat., puls., su., thuj., ver. alb., xc. *Proceeding from the heart*: aur., ly. *As if he had committed a crime or as if some accident would happen*: chel., rhus., for their welfare: lil., sep. *About health and future*: sep. *Præcordial anguish*: Aur., plat., puls.

*Anæsthesia of the skin and mucous membrane*: Carbon. sulph.

*Apathy*: Bar., hell., dig., olea., op., sep.

*Appearance of symptoms*: Time.

*Apprehensions*: Aur., hep., hy., lil., sep., su. *Or fear of an impending calamity or disaster*: Calc., cim., ver. alb. *Compare fear*.

*Arrogant*: Plat.

*Aversion to talk*: Cham., nx.

*Aversion to work or exercise*: Anac., arg., ars., nx., olea., sep., su. *To mental work*: Ac., nx., sep. *To people, and yet averse to being alone*: Con.

*Biting*: raving.

*Brood, desire to*: Ars., ign., ly., nx., plat., puls. *Sits constantly in the same place*: Cim. *Sits silently and motionless*: Hep.

*Cataleptic immobility*: Gels.

*Caused by, or connected with: grief and sorrow*: Caust., ign., lach., na. m., phos., phos. ac., rhus., staph., ver. alb. *Anxiety, care*: Phos. ac. *Vexations*: Staph. *Disappointment*: Ign. *Fright*: Agar., ign., rhus., stram. *Epilepsy*: Hy., cim., arg. *Overwork*: Cannab. *Derangement of the whole alimentary and nervous system*: Arg., cu. *Derangement of the digestive organs with constipation*: Nx. *After operation of fistula in ano*: Lach. *Affection of the rectum*: Plat. *Sexual excess*: Aur., phos., sep. *Impotence*: Aur. *Too frequent seminal emissions*: Sec. *Self-pollutions*: Agn. c., aur., canth., dig., damian., hy., ly., mere., bij., nx., phos., phos. ac., pier. ac., sec., staph. *Diseases of the testicles*: Aur., elem. *Suppression of menses*: Bell., cocc., cu., hell., kreos., rhus., su., ver. alb. *Menses too soon, too profuse, too long*: Arg., ly. *Diseases of the female organs or disturbances of their functions*: Brom., con., plat., puls., sec. *Organic*: Sep. *Moderate and subacute inflammation*: Lil. *Climacteric*: Aur., cim., xc. *Child-bearing*: Ac., cim. *Child-bed*: Aur., bell., bry., calc., cim., cu., hy. *Too long nursing*: Cim. *Suppression of sweating of feet*: Mere. *Disappearance of skin disease*: Ars. *Intermittens*: Chl. *Syphilis*:

\* D. C. Robbins, *Medical Record*, July 2, 1881, Page 25.

*Aur.*, staph. *Abuse of mercurius*: Staph., su. *Intermittens and abuse of chinin*: Na. m.  
*Changeable humor*: Ac., plat., su.  
*Chilliness*: Cim., na. m., ver. alb. *Limbs cold*: eu.  
*Clairvoyance*: Nx. mosch., phos.  
*Conditions*: Time.  
*Conscientiousness, morbid*: Ly., plat.  
*Constitution, temperament, complexion, etc.*: carbo ni-  
 trogen: Arg., eu. *Leucophlegmatic*: Thuy. *Scrophu-  
 lous*: Calc., merc. *Fat*: Lyc., petrol. *Syphilitic*: Mer.  
*Sycotic*: Thuj. *Melancholic*: Mancin. *Melancholic-  
 cholerie*: Lach. *Bilious*: Cim. *Phlegmatic*: Hep. *Gen-  
 tle but vicious*: Ly. *Blond*: Ly. *Timid*: Puls. *Brun-  
 nette*: Lach. *Dark hair and eyes*: Cim. *Dark eyes  
 and complexion*: Lach. *Dark hair*: Mancin. *Sallow  
 complexion*: Na. m.  
*Convulsives, spasmodic movements*: Bell., cim., eu.  
*Spasmodic twitching*: Ziz.  
*Cross*: Irritable.  
*Crying, weeping*: Alum., ars., aur., bell., cact., cicut.,  
 cim., con., eu., dig., ign., kal. brom., kal. phos., lach.,  
 merc., nx., plat., puls., rhus., sep., stan., stram., su., ver.  
 alb., ze. *Concealed*: Ign. *Openly*: Na. m. *Hys-  
 teric laughing and crying*: Phos. *Laughing and cry-  
 ing alternately*: Hell., ly. *Worse by consoling*: Na. m.  
*Fits of laughing and crying*: Sep.  
*Despair, hopelessness*: Arg., ars., aur., calc., cim.,  
 eu., hell., hep., hydroph., kal. phos., lach., sep., stram.,  
 su., ver. alb. *Easily pacified*: Puls. *Resisting recovery*:  
 Calc., ill., lyc., plat. *Respecting salvation*: Ign.,  
 lach., puls., su.  
*Discontented*: Puls.  
*Distance and time seem very long*: Haach.  
*Distrust*: Bell., cim., rhus., sep.  
*Disturbed easily*: Con., merc.  
*Disturbed, will not be*: Ver. vir.  
*Dizziness*: Arg., chell., coec., con., eu., na. m., nx.,  
 phos., rhus., ze.  
*Dread of people*: Ars., aur., bell., cact., coec., kal.  
 brom., ly., puls., rhus., sep., thuj., ver. alb.  
*Dreams, horrid, frightful, troublesome*: Arg., aur.,  
 cim., lach., nx., puls., ze. *Amorous*: Aur.  
*Eat, refuses to*: Kal. chlor., kal. phos. *Or does it  
 ravenously*: Coec. *But eats secretly*: Arg. *See food.*  
*Emissions*: Aur. *Weakening*: Con.  
*Erections*: Aur., hy.  
*Escape, attempt or inclination to*: Bell., coec., eu.,  
 hy., stram., ver. alb.  
*Excitement*: nervousness.  
*Fainting*: Carbon. sulph., oenanthe.  
*Fear, dread*: Aur., bell., cact., calc., cim., gels.,  
 hep., hy., ign., manc., plat., stram., ver. alb. *Of  
 death*: Ac., lach., plat. *Of sudden death*: Ars. *Re-  
 garding the future*: Ac., dig. *Regarding subsistence*:  
 Bry., calc., nx. *Of hydrophobia*: Hydroph. *Of inag-  
 inary things*: Ze. *Of evil spirits*: Mancin. *Of ghosts  
 and thieves*: Ars. *Of darkness*: Ac., puls. *Of robbers*:  
 Lach. *Of being alone*: Ac., sep. *Of being poisoned*: Hy.,  
 rhus. *Of everybody who approaches him*: Cu.  
*Fixed ideas, fancies, delusions*: Atrop., eu., hydro-  
 phob., hy., ign., sil., stram., ver. alb., ze. *Of great hap-  
 piness and prosperity*: Agar. *Dual state*: Anac. *Of having  
 committed a crime*: Ars., bell., eu., nx., ze. *Of starving  
 to death*: Kal. chlor. *Of being damned*: Kal. phos. *Of  
 being persecuted and unavoidable suicide*: Lach. *Of  
 having the devil in his belly*: Mellilot. *Of cancer*: Plat.  
*Of dying at a set time*: Plat. *Of dying*: Thuj. *Very  
 tenacious in his fancies*: Thuj. *Dressed in rags, imag-  
 ining herself beautiful*: Su. *Compare*: *Delusions of the  
 insane*, by Dr. Talcott; this vol., p. 6.  
*Food, no desire for*: Ver. alb. *But when offered, eats  
 ravenously*: Plat. *Indifference*: Lach. *See Eat.*  
*Foolish actions*: Silly.  
*Forgetfulness*: Acon., anac., arg., calc., carbon. sulph.  
 con., eu., dig., hell., hep., ign., kal. brom., na. m., nx.  
 mosch., nx., phos., plat., sep., stram., su., thuj., ver.  
 alb.

*Frightened, easily*: Arg.  
*Grasps at imaginary objects*: Lach.  
*Hallucinations*: Atrop., calc., hep., hy., ign., lach.,  
 ly., op., valer., ver. alb. *Demoniac*: Anac. *Fright-  
 ful*: Bell., eu., puls. *Dark colored*: Stram. *Of ghosts  
 and demons*: Ars., bell., eu., op., plat.  
*Heart, violent beating of, after mental emotions or psy-  
 chic impressions*: Aur. *Frequent palpitation with corre-  
 sponding palpitation in the top of the head*: Cact. *Viol-  
 ent beating and great arterial excitement*: Jod. *Viol-  
 ent beating and then faint feeling*: Mancin. *Palpita-  
 tion*: Puls. *Defective circulation, weak irregular pulse*:  
 Cu.  
*Hide, desire to*: Ars., bell., puls.  
*Hilarious, excessively*: Ly.  
*Homeliness*: Caps., phos. ac.  
*Hopelessness*: despair.  
*Hypochondria*: Arg., asa., aur., cact., cann. ind.,  
 con., dig., ly., na. m., nx., phos., sep., stan., staph., sa.,  
 tab., ziz.  
*Hysteria*: Cim., ign., lil., na. m., phos., plat., ziz.  
*Idiocy*: stupidity.  
*Immodest*: Hy., phos., stram., ver. alb.  
*Imperious*: Cu., ly., su.  
*Indifference*: Cim., con., hell., ly., merc., nx., petrol.,  
 plat., sec. *Towards family or best friends*: Sep., thuj.  
*Indolence*: Olean., Sep.  
*Irritable, cross, passionate*: Acon., anac., arg., aur.,  
 cact., calc., cim., con., dig., gels., hep., lach., lil., lyc.,  
 nx., petrol., plat., puls., sep., su. *If spoken to*: Cham.  
*If touched*: Olean. *He often felt as if he could kill  
 without hesitation any one who offended him*: Hep.  
*Jealousy*: Hy., lach., stram.  
*Kill, desire to, best friend*: Merc. *Husband and  
 children*: Jod., nx.  
*Lamenting*: Cim., eu., lach.  
*Laughing*: Agar., bell., croc., hy., lach., plat., stram.  
 ver. alb., ver. vir. *Fits of laughing or crying*: Sep.  
*Hysterical laughing and crying*: Phos. *Laughing and  
 crying alternately*: Hell., ly.  
*Left, turns to the*: Lach.  
*Legs, great weakness of the*: Carbon. sulph.  
*Loquacity*: talkativeness.  
*Looking down in walking*: Cham.  
*Loveliness*: Hy.  
*Malignant*: Lach., nx.  
*Mania*: Agar., anac., bell., canth., chi., cim., coec.,  
 eu., dig., gels., hy., ign., kal. phos., lach., manc.,  
 op., phos., secal., stram., tab., ver. alb., ze. *Epilep-  
 tic mania*: Cu. *Fantastic mania, the patient decks him-  
 self with gaudy colors*: Su. *Wandering mania*: Ver.  
 alb. *Mania puerperalis*: Hy., nx., stram. *Mania reli-  
 giosa*: Stram., ver. alb.  
*Melancholia*: Acon., anac., am., arg., ars., aur.,  
 brom., cact., calc., cannab., caust., cham., chel., cim.,  
 coec., con., eu., dig., euon., gels., hasch., hell., hep.,  
 hy., ign., jod., kal. brom., lach., ly., merc., na. m., nx.,  
 petrol., phos., phos. ac., plat., puls., rhus., sec., sep.,  
 silic., stan., stram., su., thuj., ver. alb., ver. vir.  
*Acute*: Lil. *Intermittent*: Alum. *Melancholia puer-  
 peralis*: Plat., ver. alb. *Melancholia religiosa*: Ana-  
 card., am., aur., eu., kal. brom., kal. phos., lach., lyc.,  
 plat., puls., silic., staph., stram., su., ver. alb. *Melan-  
 cholia with stupor*: Ap., ars., bapt., bell., chl., dig., gels.,  
 olean., op., ver. alb. N. Y. MEDICAL TIMES, 8, 193.  
*Memory weak*: forgetfulness.  
*Moaning, groaning, sighing*: Ars., cham., cicut., cim.,  
 dig., kal. phos., plat., ver. alb.  
*Morose*: Plat.  
*Motions quick and hurried*: Stram. *With great effort  
 and awkwardness*: Lach.  
*Muttering and moaning to herself*: Cham.  
*Nervousness, nervous excitement*: Cim., eu., hy., kal.  
 brom., lach., nx., plat., sep.  
*Noise, dislike to*: Nx.  
*Noisy*: Ver. alb.

*Nymphomania*: Bell, cim., hy., nx., phos., plat., sec., stram., ver. alb.

*People, dread of*: Dread of people.

*Praying*: Aur., bell, hy., puls., stram., ver.

*Pride, exalted opinion*: Cu., lach., plat., stram., su., ver. vir. *Of rank*: Plat. *Of money*: Ver. alb. *Feels grand*: Stram.

*Pulse, very slow, slightly intermittent*: Dig. *Hardly perceptible and irregular*: Hydrocyan. acid.

*Pupils, much dilated*: Dig.

*Purpose, lack of*: Resolution.

*Quarrelsome*: Lach., nx., thuj.

*Questions, no attention to*: Ver. alb., ver. vir.

*Raving, singing, screaming, scolding, biting, destroying*, etc.: Arg., bell., canth., cu., hy., kal. phos., lach., op., phos., stram., ver. alb. *Tearing*: Hy.

*Reserved*: Arg., puls.

*Resolution or purpose, utter lack of*: Cocc., hell., ly., sep.

*Restlessness*: Uneasiness.

*Satiety of life*: Aur., cu., merc., nx., puls., rhus., sep., su., siz. *With great dread of death*: Plat.

*Satyriasis*: Canth., hy., phos.

*Screaming*: raving.

*Scream loud, desire to*: Ars.

*Scrupulous, very, about the least trifles*: Thuj.

*Seeing men, dislike to*: Aur.

*Self-reproaches*: Ign., kal. phos., ly., plat., puls. ver. alb.

*Sensitive, morbidly*: Gels., hep., plat. *To the least noise*: sep. *To noise, music, singing, odors, light*: Nx.

*Sexual desire increased*: Baryt., sep., stram.

*Sexual organs, weakness of*: Con.

*Sighing*: moaning.

*Silly, foolish actions*: Anac., cicut., cocc., lach., nx., plat., stram., ver. alb.

*Sleep uneasy*: Cim., cu., ign., lach., nx., ze. *Awaking with great anxiety*: Cim. *Awakes frightened from troubled dreams with choking and palpitation of the heart*: Lach.

*Speaking impeded*: Carbon. sulph.

*Speak nor look, will not, at a person and shows great disgust of being spoken to*: Thuj.

*Staring vacantly, not doing anything*: Thuj.

*Striking*: raving.

*Stupidity, idiocy, mental sluggishness or weakness*: Anac., baryt., calc., carbon. sulph., cocc., con., dig., hell., kreos., lach., olea., op., phos., su., thuj., ver. alb., ze.

*Suicide, inclination to, attempt at, thoughts of*: Ars., aur., cim., clem., euonym., hell., hep., ign., lach., merc., nx., plat., puls., secal., sep., ver. alb., siz. *Fear of*: Ars.

*Suspicion*: Bell., lach., puls. *Of having been poisoned*: Hy., rhus.

*Swearing and scolding*: Anac., ly.

*Taciturnity*: Arg., bell., cact., cham., cim., dig., ly., na. m., nx., olea., plat., puls., rhus., thuj., ver. alb.

*Talkativeness*: Agar., cocc., cu., gels., hy., lach., merc., nx., plat., stram., thuj., ver. alb., ver. vir. *High flown*: Lach.

*Talking loudly*: Stram., ver. alb. See *Satyriasis*.

*Talking of nonsense*: Anac., bell., cim., cu., na. m., nx., op., thuj., ver. alb.

*Tearing*: raving.

*Temperament*: constitution.

*Temperature greatly elevated*: Acon., bapt., gels., ver. vir.

*Time*: Aggravation or appearance of symptoms: intermittent: Alum., cocc. Periodical: Ars., cocc. Day-time: Merc. Morning: Lach. Afternoon: Nx. 4-8 o'clock, P.M.: Ly. Evening and open air: Sep. Evening and before midnight: Hep. Nights: Anac., ars., jod., lach. Midnight: Mancin. In darkness: Puls., stram. At rest: Stan. When alone: Stram. Full moon: Aur.

*Thought, confusion of*: Ac., calc., carbon. sulph., kal. brom., lach.

*Thoughts, fearful, when alone*: Jod.

*Threatens violent deeds*: Hep.

*Timid, easily frightened*: Arg., aur., nx., puls., ver. alb.

*Trembling*: Cim., kal. brom., mancic.

*Uneasiness*: Arg., ars., bell., cham., chel., cu., hy., kal. phos., lach., Merc., na. m., nx., puls., rhus., ver. alb., ver. vir.

*Unhappiness after childbirth*: Bry.

*Weeping*: crying.

## "THE WORK BEFORE US."

BY H. W. TAYLOR, M.D., TERRE HAUTE, IND.

Dr. Luther Clark, in the Dec. No. of the *Times*, heads a short article with the above caption, and dimly hints at the nature of the "work before us." Only by reference to the strong but moderate language of Dr. H. M. Paine, does he hint at that work in its specific character.

He makes the usual unwarrantable statement that Hahnemann himself is responsible for the present idiotic theory of dynamization. I have heretofore challenged any "Dynamizationist" or "International" to the proof of the origin of dynamization as at present understood, and my challenge has remained unanswered save, in the scurrility with which international polemics so abound.

I stand ready at all times to show by Hahnemann's words that from 1795 to the day of his death he believed that the power of the dose must be greater than that of the disease, and that trituration and dilution of any drug simply lessened its drug force.

The great, honest, frank, manly mass of American homœopaths loudly proclaimed their inability to make cures with the high potencies. It was the international game to deride these honest gentlemen and to declare them ignorant of "pure homœopathy." They thus successfully assumed and held the rôle of teachers and book-makers. They held that position by means of a gross fraud. They have already met with exposure, rebuke and severe condemnation, in the general declaration of all the homœopathic journals of the United States against internationalism, now more than a year ago. The unanimous endorsement of President Breyfogle's address at the last meeting of the American Institute was the second official repudiation of internationalism and its dynamization. That repudiation would have been much more emphatic had it not been for the over-caution of some of the older members whose personal courage had suffered from long-continued defeats in that direction.

I now beg to give Dr. Clark my conception of the work before us, and I point to the unequivocal position of American Homœopathic journals as evidence that my words are only a murmur in the great homœopathic *cœr populi*.

We must without delay get rid of all dynamizationists and high potency men. They are not of us or with us. They constitute the impedimenta of the onward march of our school. They are the Jonahs of our voyage.

Just now they stand squarely in the door of our entrance into the Army and Navy of the United States. Were it not for their pernicious doctrines the regular school at this day would have no ground for objection against homœopathic practitioners. It is in vain that we point to the fact that these false prophets constitute but a beggarly minority, respectable neither in numbers nor brains. It is said in reply that the whole homœopathic organization tacitly endorses these men and their practice by permitting them to teach in our colleges and to hold membership in our societies. This charge should not remain to shame us. The American Institute should declare that the University of Michigan has no homœopathic department. It is a well known fact that two of its chairs are occupied by dynamizationists.



Could a greater burden of shame be heaped upon the American Institute of Homœopathy? Could a fouler blot be mapped upon the fair page of American Homœopathy?

No wonder that the honorable and educated gentlemen of the old school refuse to fraternize with those who make associates of these men who so grievously misrepresent homœopathy in Michigan University!

The work before us is a work of self-purgation. Let us immediately get rid of the Dynamizationists and the Internationals. Self-respect demands it. Self-interest demands it. Honor, and pride and truth demand it. There must be no delay. We are now preparing to press upon Congress national recognition of our school in employment of homœopathic medicine in the Army and Navy. Let us first throw over the international Jonahs. That is the work before us. Will Dr. Clark put his shoulder to the wheel and help us heave them over?

## THE EVOLUTION OF HOMŒOPATHY BEGUN.

By T. F. POMEROY, M.D.

It is more and more apparent, from day to day, that the homœopathic medical profession is dividing into two great factions, each much larger than would appear from a merely superficial observation. These rapidly developing factions embrace on the one hand, those who regard a diagnosis of the pathological state as paramount in the treatment of the sick, and who treat the disease rather than the patient; and, on the other hand, those who regard the therapeutic aspect of the physician's calling as paramount to all else, and who treat the patient rather than the disease. Each of these factions hold that which the other regards as paramount as only subordinate and collateral. Perhaps neither would be willing to admit this to the fullest extent; nevertheless, after a thorough consideration of the tendencies that an everyday observation develops, it must be admitted that such is the fact, and that all nominal homœopathic physicians are gradually but surely arraying themselves on one side or the other.

As the diagnosis of the pathological state is to-day, as it ever has been, held to be paramount by the allopaths and eclectics as a therapeutic basis, it is apparent that no inconsiderable portion of the homœopathic fraternity is fast merging itself with those schools to the extent of this distinguishing feature, although continuing, to a large extent, in the use of homœopathically prepared drugs and in an avowed recognition of the homœopathic law of cure.

I am led to these reflections on this occasion through the perusal of a paper in your December number entitled, "That International Pathology," in which occurs the following remarkable sentence, remarkable as coming from a professed believer in and a quondam teacher of homœopathy; viz. "Habits of correct observation for diagnostic purposes, are not acquired by reading the Organon, memorizing the Materia Medica and prescribing from the totality of the symptoms; and yet it is the simple truth that *overmuch study in these directions has been the bane of our school in America.*" This is almost equivalent to a formal renunciation of the homœopathic faith, and to a disavowal of the homœopathic methods taught in the Organon and in the Materia Medica of Samuel Hahnemann, as of *paramount necessity* in the treatment of disease, and thus places the author of it within the pale of the class who regard a diagnosis of the pathological state as "the *chief end*" of a physician's calling, and therefore, in so far, in full sympathy and accord with allopathic and eclectic tenets. It need no longer, after this avowal, excite the astonishment of the members of all schools of medicine, that the course of this writer in relation to homœopathy has been so erratic and so contradictory, in the history of the past, nor need it surprise any one

should he, in the not far off future, emulate the example of another well known physician and go over, "body and breeches," to the allopathic school, and denounce, as he now claims to defend, the principles of the Organon and the requirements and teachings of the Materia Medica. From all such defenders, "Good Lord, deliver us." As one of the latter class of those which I have thus designated, I have no apologies to offer, nor any confessions to make, wherefore it is that uniformly I regard, *first of all*, in the treatment of all non-surgical cases, their therapeutic aspect, and *that*, from the "totality of the symptoms," not overlooking those that are objective; or, that with me a diagnosis of the existing pathological condition is an after and wholly secondary consideration—a condition that is not embraced within, but is rather a deduction from, "the totality of the symptoms." That serious and malignant diseases have been treated successfully by capable homœopathic physicians, while having no definite knowledge of them nosologically, has been too many times demonstrated in the history of homœopathic therapeutics to need illustration or proof on this occasion. As it is the *chief* duty of the physicians to *cure* his patient, and not merely to be able to *describe* his disease, and as "nothing succeeds like success," it must be admitted by all true and intelligent homœopaths at least, that a diagnosis of the pathological state, while always important in certain regards, is by no means of primary importance for the selection of the most appropriate remedy in accordance with "the strict inductive methods of Hahnemann." It follows from this as a logical conclusion that the skill and the usefulness of the physician must be measured by the results of his practice in healing the sick—the objective point of all medical treatment—rather than by his skillfulness in diagnosis. He may make mistakes as to diagnosis, and yet be able to successfully treat his patient, but he must not, in curable cases, make mistakes as to his therapeutics if he will claim the higher rewards and the noble title of a Healer of the Sick. He may make erroneous estimates as to the character, and as to the results of his cases, and yet be held in good repute by a discerning public and by the profession as well, but he may not be excused for a neglect of the use of the fittest means and of the most scientific methods to the end of their cure.

That the physician who prescribes from the therapeutic standpoint ("the genuine pathologist") is not as liable to diagnostic blunders as the one who prescribes from the nosological standpoint is due to the fact that the former will make no diagnosis whatever until he is reasonably sure of his data, and is fully confident of the soundness of his premises before he draws his conclusions.

He much prefers to make no diagnosis at all than to make an erroneous one; this especially as a diagnosis of the pathological state is not, excepting in surgical cases, essential to the selection of the proper remedy under the Hahnemannian methods. For this he may incur reproaches of the mere nosologist who prefers the blundering ways of allopathy to the more scientific and the more *successful* ones that prudence and an enlightened judgment dictate.

Having in your November number sufficiently controverted the statements of your correspondent as to that case of extra-uterine pregnancy, I have no need to again take up that subject in order to insure their effectual refutation.

IS MISTLETOE AN OXYTOCIC?—Dr. E. W. Lane, of Georgia, writes to *Medical Summary*, "A brother M.D. told me not long since that he was called to a case of retained placenta and having a horror for introducing his hand to remove it, he concluded to try a decoction of *Mistletoe*. He gave it in about one ounce doses every half hour, and his patient was relieved after taking the second dose, by the placenta being thrown into the vagina."

CATARRH OF THE PELVIS OF THE KIDNEY—  
PYELITIS.\*

By W. STORM WHITE, M.D., NEW YORK.

"Pyelitis is a frequent complication of stricture. In persons who are affected with pyelitis, an aggravation of the pyelitis or the development of an affection of the kidney occurs when the dilatation of the stricture is attempted, even under the most promising circumstances. Dittel assumes three grades of pyelitis, the same as he does of cystitis.

"The first grade of the disease, the so called catarrh of the pelvis of the kidney, is the lightest. In it we still find a normal color and quantity of urine in 24 hours, as well as a normal specific gravity. It is slightly turbid and has an acid reaction. As an abnormal constituent we find traces of albumen. In the sediment, which consists of more or less dense clouds of non-viscid mucus, are found small quantities of young cells (pus corpuscles) and epithelium from the pelvis of the kidney and from the Bellini's collecting tubules. By unintelligent treatment this catarrh is very easily transmitted to the Bellini's tubules and the so-called desquamative nephritis, or catarrh of Bellini's tubules, results. Sometimes the patient exhibits a slight degree of fever, and sometimes none at all. Pain in the kidney is not necessarily present, but we find a larger quantity of albumen in the urine. Much epithelium from the tubules, often forming whole cylinders, and single blood and pus corpuscles, will be found in the sediment.

"In pyelitis of the second grade we find pale turbid urine, a lighter specific gravity than is possessed by normal urine in normal quantity, an acid reaction, and a plainly visible, fine, floccular, yellowish-green sediment. The urine contains albumen in solution, corresponding in quantity to the amount of pus. The sediment is *never viscid*, and *never adheres* to the sides of the vessel, and consists principally of pus. Microscopically, we can plainly see the clearly defined pus corpuscles, 20 or 30 being united together by mucus and forming cylinders, which are casts or corks from the catarrhal tubules of the papillary portion of the kidney. Further, we find other epithelium from the pelvis and Bellini's tubules of the kidney. If this pyelitis becomes worse, we find more epithelium from the collecting tubules, and blood corpuscles. On the other hand, if the pyelitis has continued several years, only very few epithelial cells will be found in the sediment, because the single cells have become degenerated into pus cells by endogenous cell-production. Furthermore, the pus cells no longer appear with rounded contours, but have become angular and present many prolongations. The color of the urine receives a *peculiar greenish yellow tinge*, and the urine itself is often strongly acid, and the specific gravity low.

"Dittel designates as pyelitis of the third grade that purulent catarrh of the pelvis of the kidney which appears complicated either with interstitial or suppurative nephritis (with nephritic abscesses) or with some other parenchymatous affection of the kidney. During life, it is very difficult to diagnose a complication of interstitial nephritis or abscess of the kidney with pyelitis. Generally we find a light, pale turbid urine and determine a complicating interstitial nephritis from the lessening of the quantity of urea for 24 hours; because the sediment presents merely the characteristics of a pyelitis: conglomerated pus and kidney epithelium. To diagnose abscess of the kidney we can only make use of the remains of destroyed elements of the kidney in the sediment (glomeruli, Bellini's tubules.) If there is a complication with parenchymatous nephritis we will find the well-known forms of cylinders in the sediment. With the advance of this third grade of pyelitis towards death the quantity of urine decreases, till finally no urine is

excreted, and death occurs with all the phenomena of uræmic poisoning.

"Pyelitis is often complicated with cystitis, and *vice versa*, so that we discover the characteristics of both diseases side by side in the urine. If the disease in the pelvis of the kidney be the primary and most important lesion, we call the condition a *cysto-pyelitis*, and when the reverse is true, which is more rarely the case, a *pyelo-cystitis*."

The above is an almost literal translation of the article by Leebisch, which appears on page 238 of his excellent little text book, entitled "Anleitung zur Harn-Analyse," published by Urban & Schwarzenberg, Vienna, 1878, and is nearly complete, as a guide to the diagnosis of pyelitis. However, there are a few practical points, which may be of use, connected with the actual use of the microscope in making the examination. The whole diagnosis is dependent upon proving the presence of epithelial cells from the pelvis of the kidney, and these are not always easily distinguishable from other forms of cells to be found in the urine. They are easily mistaken for bladder epithelium and it is only by repeated and careful comparison that we can distinguish them, and when a cystitis complicates the condition our task is doubly difficult. In the deeper layer of epithelium lining the bladder, we find those cells which are considered pathognomonic. When seen from above they appear as large flat cells with peculiar tracings on their surfaces; when viewed from the side they look like spindle cells having prolongations from their under cases. These prolongations are those which dip down between the cells of the layer next below and serve to hold them in position. This formation is that which gives them the peculiar tracings when seen from above, and are not found in cells coming from any other part of the genito-urinary tract. The cells from the pelvis, however, may present prolongations, inasmuch as they are always monopolar or multipolar in the normal condition. In slight grades of pyelitis we therefore find an abundance of these cells, if the condition be purely catarrhal, and we may be at a loss to determine their origin. They may, however, be recognized by their being more granular, their outlines being more distinct, and, the important fact, their nuclei are large and always distinctly visible. They present much the characteristics found in epithelial cells from morbid growths (the malignant and non-malignant tumors.) We are often puzzled to know whether the cylinder in the field of the microscope is really a cylinder, or the conglomeration of cells be mucus plus epithelial cells or whether it be an organized structure—a papilla or villus. Then again this same body may be the offcast portion of a carcinoma; if so we find that the cells are packed together without any apparent order, or any intercellular substance, whereas in pyelitis the cells are held together by mucus or even semi-organized intercellular substance. If the mass be thrown off from a papilloma we will be able to distinguish the structure peculiar to a villus and the presence of blood vessels within the mass, underlying the layers of epithelium.

Then, again, we may have to determine whether the discharge be from pyelitis or through fistulous opening into some serous cavity. In this case, we simply place a few drops of the fluid on a glass slide and add *nitric acid*; if it be from a serous cavity, nearly the whole mass will coagulate into a dense white mass. If there also be a considerable quantity of urine mixed with it, the albumen will coagulate into dense shred-like lamina.

In all cases we must be able to decide whether the one or the other of the following three conditions exist: First, is the albumen in quantity merely corresponding to the amount of pus and blood found in the sediment? Second, is the albumen present in quantity to exceed this and to indicate a nephritis? Third, is the albumen in sufficient quantity to indicate a fistula or the presence of abscess outside of the kidney?

\* Translated from the German of Leebisch, followed by remarks and practical hints.

It is only after much experience that one becomes able to distinguish between the first two of these conditions if there be an interstitial nephritis. If, however, the complicating condition be parenchymatous we find the cylinders spoken of by Laësch. The pyelitis in both these conditions must be determined by discovering the peculiar epithelial cells. When the disease is in its first stages this is not at all difficult, but after it has become chronic, and the whole pelvis of the kidney has taken on the characteristics of a chronic cystiform abscess, we may be absolutely unable to discover the difference between it and some of the other forms of chronic abscess.

If, however, we have an abscess situated in the vertebral column and opening into the urinary tract, we can usually distinguish particles of necrosed bone or the rest of cartilage cells.

## CLINIQUE.

### CLINICAL CASES.

By CLINTON L. BAGG, M.D., NEW YORK.

**TRAUMATIC ERYSIPELAS.**—W. E., male, 39 years, family history bad, general health fair, well developed and muscular.

Came under observation, June 20th; two days before received a blow from a piece of iron on the left side of the head, which bruised and lacerated the scalp very much. He went to a dispensary, where a few stitches were taken and the wound dressed. Chills followed by fever; pain and swelling setting in next day, I was called to attend him.

Found him restless and suffering from the wound, from which a considerable bloody serum was oozing. Surrounding tissues much swollen, mind clear, tongue coated, pain in head of a bruised character, temp. 103°. *R* *arnica* internally and water dressing to scalp.

June 21st.—Patient more restless, face more swollen, left eye quite closed, surface about wound red and shiny. Temp. 103°. Complains of a fullness and throbbing pain in head,

*R*—Bell. internally and Bell. tinct. . . . .  $\frac{3}{4}$  i } locally.  
Aqua. . . . .  $\frac{3}{4}$  iv }

23d.—General condition same, talks and mutters constantly. Eyes closed. Numerous bullæ scattered over face. Tongue brown and dry. Temp. 104°. *R* *Rhus*.

24th.—Condition same.

25th.—Swelling and redness rapidly disappearing. Patient violent. Trying to get away, constantly muttering, pupils slightly contracted. Temp. 104 $\frac{1}{2}$ °. Nausea and vomiting, especially if raised up. Pulse rapid and irregular. *R* *Hyocymus*.

27th.—Patient in a deep coma, picks at bed clothes, delirium low and muttering, tongue brown and dry. Swelling and redness quite gone from face. *R* *Baptisia*.

29th.—Redness and swelling coming back on face. *R* same.

July 1st.—Face quite swollen again and wound discharging. Can be aroused and answers questions. Temp 102°. Complains of stinging pains in face. *R* *Apis*.

July 3d.—Eyes quite closed, but mind clear. Temp. 100°. *R* same.

From this time until recovery patient progressed favorably.

**CASE II.—Diagnosis, Eczema Impetiginoides.** Patient at. two years, moderately well developed. Joints large, teeth and heredity bad.

Eruption made its appearance upon scalp about three weeks after birth, and slowly made its way down, until at the time of observation, the whole face and neck was covered with large, red ulcerated spots, or thick gummy crusts from which oozed a thin sanious fluid. Surface seemed very irritable, as child constantly scratched at it.

General health seemed fair. Appetite good, bowels inclined to be costive. Never had cerebral symptoms during any sickness; treatment had been given at intervals, but without any success.

*R* cod liver oil, nutritious diet and Graph.  $\frac{30}{100}$  with vaseline locally, to remove scabs, and keep scalp soft.

During four or five weeks changes were made in remedies as follows: *ars.*, *sulph.*, *rhus*, *phytol.*, *mese-reum*, *merc.*, *calc. carb.*, *kali*, *iodine* etc., with no improvement.

May 29th.—*R* *Ung. hydrargrum ammoniatum*  $\frac{3}{4}$  iii., vaseline  $\frac{3}{4}$  ii to be rubbed in over face and head after removing all scabs possible, *mese-reum* internally.

For twenty-four hours no perceptible change could be detected except in the cessation of the discharge; the scalp had become dry and child was restless and peevish.

May 31st.—Child feverish and restless, rolls its head from side to side, cries out in its sleep, grinds its teeth. Scalp entirely dry. *R* bell., and *ung.* stopped.

June 2nd.—Was called to see child at home and found it unconscious; temp. 103, rolling its head from side to side; unable to arouse it. Vomits, especially if lifted up. Pupils contracted, converging strabismus, respiration irregular and heavy, vessels of scalp and face much engorged, fontanelles standing out.

Child sank into a heavier stupor and died June 3d. Autopsy 12 hours after death.

Considerable hypostatic congestion of back. *Rigor mortis* marked. Thoracic and abdominal viscera normal.

*Dura mater* congested; *pia mater* thickened and infiltrated. Surface covered with fibrin and pus. Sub-arachnoidal space filled with serum. Vessels of cerebrum much engorged, especially in the cortical structure. Ventricles filled with serum and fibrin.

**CASE III.—Eczema Squamosum.** Child 3 years, poorly nourished, strumous habit. Disease existing since dentition. Commenced on scalp and passed down over body. Now whole chest, back and head is one sore, scabby surface, which is very irritable, and exudes a considerable serum; from under some crusts, a thick yellowish pus is escaping.

*R* Milk, cod liver oil and *viola tricolor*. Child was under observation for a few weeks, in which time under *rhus*, *ars.*, *calc.*, *carb.*, *sulph.*, etc., improved very much. At that time lost sight of it for three or four weeks, when was called to the house and found it dead. Mother stated that three or four days previous, a friend had given her an ointment to apply locally, and that in 24 hours after child began to grow restless and complain of its head. This increased until the morning of death, when it suddenly went into a convulsion from which it never recovered.

No autopsy could be secured.

**CASE IV.**—Patient, male, at. 78 years. For about 50 years or more had suffered from naso pharyngeal and bronchial catarrh. About 18 months ago was persuaded by a druggist to try a catarrh snuff, which succeeded in checking the discharge and cough entirely. Soon he began to suffer with pains and stiffness in the knees and ankles, which at length obliged him to use crutches to move about; this continued for several months, when the cough and discharge returning, the pain began to subside, and by the time the catarrh was fully established all pain and stiffness had disappeared.

A RUSSIAN physician gives the following resumé of symptoms following the use, in two cases, of a five-percent. solution of boric acid for washing out a pleural cavity and a large lumbar abscess. In the former a quantity of the solution was allowed to remain in the pleural space. Constant vomiting; hiccough; erythema, commencing on the face; a slight temporary elevation of temperature and a diminution in the contractility of the heart, proceeding to complete cardiac paralysis.—*Medical Times*.



## TREATMENT OF CONGENITAL TALIPES EQUINO-VARUS.

By HENRY C. BLAUVELT, A.M., M.D., NEW YORK.

The treatment of congenital *talipes equino-varus*, from the period of infancy, may be conveniently divided into three parts.

*First*—The cure of the simple infantile varus, occasioned only by the contraction of the tibialis anticus, tibialis posticus and flexor longus digitorum.

*Second*—The cure of the remaining acquired varus, caused by the contraction of the abductor pollicis, plantar fascia and the various ligaments connected with the misshapen bones of the tarsus.

*Third*—The equinus caused by the contracted tendo Achillis.

In regard to the treatment of the first part after the successful division of the tendons mentioned above, the best instrument is undoubtedly a well-padded outside splint, to which the foot is gradually drawn by means of an ordinary bandage. When as great a part as possible of the varus has been removed by these simple means, the second part will still remain, and this is, of all, the most difficult to successfully overcome, even after the complete division of the abductor pollicis and the plantar fascia, chiefly on account of the great danger of producing sloughs by such an amount of pressure sufficient to correct the deformity. The common Scarpa's shoe, useful as it is in some forms of talipes, is quite worthless here. Scarpa, indeed, invented a special instrument for the purpose, but it is almost impossible to use it without causing sloughs. In more modern times, also, many very ingenious instruments have been devised with the same object in view, but in practice they have proved only partially successful.

For the efficient application of force in overcoming the resistance formed by the contracted tissues on the concave aspect of the deformed tarsus, the fulcrum must, I believe, be placed on some part of its convexity, and as near as possible to its most projecting point. The internal tubercle of the os calcis being made a fixed point, and the lever being represented by the tension of a strap placed around the ball of the great toe.

The problem, therefore, to be solved is: How can the fulcrum be applied in this position for the required length of time without causing sloughs? It appears to me the only method is by rendering it a *movable* one. This is accomplished by arranging the pad, which forms the fulcrum, independent of the splint; so that it can be shifted from point to point along the outer edge of the tarsus, as circumstances require. The whole apparatus consists of a posterior splint extending down the posterior aspect of the limb and connected with a sole piece by means of a cog-wheel at the heel. Two lateral splints are hinged to the posterior section, and extend well below the foot. Two straps pass through slots in the posterior splint, which pass around the limb to hold it in position; a well padded strap also passes over the ankle. After these straps are secured, the movable pad is adjusted, and the wings or lateral sections closed and fastened by a strap extending under the instep from one to the other, also by bands around the limb. The toe strap passes over the top of the foot, and is buckled to a firm bar on the outside of the sole piece; this draws the foot out or abducts it. The cog-wheel is then screwed up.

By simply loosening the toe strap, pressure is at once relieved, if this should be found necessary, as is frequently the case at night, when the foot becomes hot; and in a day or two the wings can be thrown back, but without disturbing the foot, the pad may be slightly shifted.

In some cases it will be found convenient to employ a rectangular, instead of a circular pad, extending up

the limb, and so placing the fulcrum higher up, but this will materially diminish the power of the instrument.

This splint is equally well adapted for carrying out the third state of the treatment, viz., correcting the equinus after the division of the tendo Achillis; and in some cases it can be used for this purpose before the second period of the cure of the varus is quite completed. A varus splint, constructed in some respects like this, was devised by the late Mr. Tamplin, and has been in use for many years at the Royal Orthopedic Hospital, London, for infantile varus. It differs from my design in not having the movable pad, nor the heel strap, nor the external wing, nor the firm bar attached to the sole plate. It fails in the treatment of those more difficult cases of acquired tarsal deformity, which occurs in long standing cases; because, when the pressure is continued for some time, cutaneous irritation results, and the absence of the raised bar on the sole piece affords another location for sloughing from pressure of the toe strap which binds the foot down too tightly. This toe strap may be elastic if thought necessary, but it is not an improvement.

## KERATITIS PARENOHYMATOSA.

By CHAS. C. BOYLE, M.D., NEW YORK.

This affection of the cornea is characterized by an infiltration of round cells between the layers of the parenchyma, not affecting the substance itself, unless these new cells are so numerous as to cause destruction of the fibres, by their pressure interfering with their nutrition. Unless this happens the disease disappears without leaving any trace.

In a majority of cases this disease is found in persons who have hereditary syphilis, or scrofula; the history and treatment followed in most cases supporting this theory. The mother of patient generally has had miscarriages, or has lost children from some disease, which points to hereditary taint. In patients themselves we frequently find the notched, wedge shape, or otherwise poor teeth; also, enlarged glands, flat nose, etc. There are exceptions, as in some cases you will find these symptoms wanting.

*Symptoms.*—At first will complain of an irritability of the eye, followed by a vascular injection, very slight in some, and more marked in others; then the cornea appears hazy, becoming denser as the disease progresses. The vascular injection surrounds cornea, and in severe cases covers it, giving it a dirty red flesh color. There is very little pain, unless complicated by iritis, or an iridochoroiditis; in some cases the cornea is so opaque that it is impossible to see iris, the pain alone indicating it is involved.

The regressive stage is marked by the disappearance of the haziness of the cornea, due to the absorption of the infiltration. The prognosis in the majority of cases is good; uncomplicated forms may make a good recovery, even without treatment, although it takes a much longer time (from six months to a year) than it would have under treatment.

The treatment, besides the appropriate remedies, is absolute rest of eyes, improvement of hygienic surroundings, and nutritious diet. If iris is involved use *atropine*. The remedies which are of most service in this disease are *aurum m.*, *arsen.*, *baryta iod.*, *calc. phos.*, *kal. m.*, *merc.*

The following cases, treated at Drs. Norton and Boyle's Clinic, at the New York Ophthalmic Hospital, will illustrate the disease and action of the remedies:

Sept. 1.—E. T., *at.* 12, cornea of right eye hazy; very slight injection; no pain. R.V.— $\frac{20}{20}$ .  $\frac{1}{2}$  *kal. m.*.

Oct. 1.—R.V.— $\frac{20}{20}$ . Haziness growing less.

Oct. 8.—R.V.— $\frac{20}{20}$ .

Oct. 20.—R.V.— $\frac{20}{20}$ .

Nov. 29.—R.V.— $\frac{20}{20}$ . Vision nearly normal.

Mar. 4.—Left eye attacked; cornea slightly hazy.  
 Mar. 13.—L. V.—fingers 4 ft.; no improvement; cornea very hazy; has large cervical glands. This is an indication for *baryta iod.*; but have seen it act beneficially without this indication. *B baryta iod.*

April 6.—L. V.— $\frac{3}{8}$  g. Cornea clearing.

April 14.—L. V.— $\frac{1}{8}$  g.

June 1.—L. V.— $\frac{1}{8}$  g.

Nov. 21.—A. B., set. 10. Cornea very hazy; looks as if might break down into ulceration; pain towards night; marked vascular injection. *B merc.*<sup>20</sup>

Dec. 2.—Has been under several remedies, without improvement; pain in eye commences about 12 noon; lachrymation, burning and photophobia. *B arsen.*<sup>2</sup>

Dec. 5.—No pain; and less lachrymation and photophobia.

Dec. 20.—Improvement seems to have ceased. *B arsen.*<sup>20</sup>

Jan. 9.—Eye nearly well.

Nov. 23.—E. G., set. 7. Cornea hazy; some injection; pain in side of head.

L. V.—fingers 1 foot.

This gradually disappeared under *kal. m.*<sup>6</sup>.

June 26.—J. T., set. 18. Both cornea hazy; moderate redness; sharp pains at times; some photo.

R. V.—Shadows.

L. V.— $\frac{1}{8}$  g.

July 8.—R. V.— $\frac{1}{8}$  g.

L. V.—fingers 1 ft.

Has been under *aurum m.*<sup>2</sup>, *calc. phos.*<sup>2</sup> and *kal. m.*<sup>6</sup> without any improvement. Although no enlarged glands, give *baryta iod.*<sup>2</sup>

Aug. 11.—Cornea of both eyes have been rapidly clearing under this remedy. *B baryta iod.*<sup>2</sup>

Sept.—V.— $\frac{2}{8}$  g.

Oct. 25.—Both eyes are now nearly well.

June.—H. C., set. 12. Left cornea hazy; some injection; pain; teeth notched; mother has lost three children, two still-born and the other from consumption. *B kal. m.*<sup>6</sup>

L. V.— $\frac{1}{8}$  g.

L. V.— $\frac{1}{8}$  g.

Aug. 9.—Under this last remedy the cornea cleared up rapidly.

320 W. 28TH ST.

### ANOMALOUS CASE IN OBSTETRICS.\*

By JAMES HAYLETT, M.D., MORETOWN, VT.

#### MULTIPLE PREGNANCY.

I wish to present to this society the report of a case in obstetrics which is somewhat of an anomaly, both as regards the case in point and also in the number of children borne by one mother within a given space of time. Mrs. James Hereman, of Duxbury, Vt., gave birth to a male child June 9th, 1879. On the 7th day of August, 1880, she gave birth to twins, both being males.

On the seventh day of June, 1882, I attended her in her last labor, when she was delivered of four living children, one girl and three boys. I was called about six o'clock A.M.; arrived at the bedside of the woman at 7:30 A.M. The conditions of the patient when I arrived were as follows: she had been in labor since some time in the afternoon previous, and was very much exhausted. There was continuous pain in the supra-pubic region, but with no apparent effect upon the uterus. Upon examination per vaginam I found the os fully dilated, and the head of a child resting against the perineum. As there seemed to be no effort at expulsion I gave her thirty minims of fluid extract of *ergot* to stimulate the uterus. In about twenty minutes there was an expulsive pain, and she was delivered of a girl. Upon a second examination, I found a large fluid tumor presenting, ruptured

the membranes, and a breech was presented. Judging from the size of the first child and the apparent size of the one presenting, I did not think version called for in the case, but by a very little assistance I delivered her of a boy. Upon a third time approaching the woman I found another breech presenting. Gentlemen, by this time, I can assure you the case began to be very interesting. It seemed to me the foundations of the mighty deep were being disturbed, and a flood of babies was the result. Well, by a very little manipulation I delivered the third child and second boy. Being now flushed with success and nothing daunted, I again and for the fourth time approached the woman, and this time found an arm and shoulder presenting. I hastily passed my hand high enough to grasp the feet, performed version and in a very few moments delivered her of the fourth child and the third boy.

I now delivered the secundines, which consisted of two placentae. The girl had a very small placenta. The boys were all attached to one placenta, which was about eight inches long by five inches wide. The three cords were placed about equal distance from the ends and from each other. I could not discover that there was any fissuring or notching of this placenta, as if there might have been three separate ones at the start, which probably was the case.

The woman made a good and speedy recovery. The children all lived until they were three and a half weeks old, when from want of care and proper nourishment two of the boys died, leaving the girl and one boy, who are still alive and doing as well as the care they have will admit of.

Gentlemen, you will see by the dates of birth that the woman actually gave birth to seven living children in the short space of three years, lacking two days.

### A HANDY POWDER BLOWER.

By ALFRED WANSTALL, M.D., BALTIMORE, MD.

Having had considerable trouble in getting a good powder blower, particularly for using powdered *boracic acid* in the ear, I think the following hint may not be without use. For a long while I relied upon an ordinary large silver Eustachian catheter, using a powder paper for introducing the powder into it, and then attaching it directly to Politzer's air-bag for blowing. This makes an efficient blower, but has the objections that the powder is apt to become clogged in the catheter; it has to be filled several times for one application, as it carries only a small quantity, and the powder remaining in the catheter will be drawn back into the air-bag as it recovers from the compression, unless it be immediately detached from the catheter. In looking about for a blower for dispensary work, I was led to try the common Star Insect Powder Gun, a blower in general use in every household. This works admirably. With a little care in seeing that the powder is in the tube, and using careful compression, the powder is always safely and completely lodged deep in the ear. If it is violently blown the powder will regurgitate, while with careful blowing the entire external meatus can be completely and gradually filled if desired. Its only disadvantages are, that it is a homely article, and that it can be used only in comparatively straight cavities. Its advantages are: its perfect cleanliness; its thorough and easy manipulation; the tube does not become clogged, the powder does not mass in it, or if it should, a little concussion at once frees it; and more than all, when time is an item, the quantity of powder it carries—once filled you have a sufficient quantity to make a large number of applications. For the application of powders to the cervix uteri it is unparalleled. Its comparative cheapness permits the use of a separate blower for each powder.

\*Read before the Vermont Homoeopathic Medical Society at Montpelier, Oct. 19, 1882.

## ADMINISTRATION OF ANÆSTHETICS.

BY GEORGE H. ROHÉ, M.D.

Chloroform or ether should always be given in a large, airy apartment, the temperature of which should not be below 70°.

The administrator should have nothing else to do but to attend to the business he has in hand. The operation itself must not concern him; he must watch the patient's pulse, face and respiration in order to be on guard, should dangerous symptoms arise.

The patient should always be in the recumbent position; all clothing should be loosened around the neck, chest and waist; artificial teeth and corsets must be removed.

The head should not be raised much above the level of the body, and should be turned to one side. This prevents the saliva from flowing into the larynx, and also prevents the tongue falling back, closing the opening of the glottis during complete relaxation.

The anesthetizer must have a pair of strong dressing forceps at hand to draw forward the tongue should that be found necessary.

The patient should not have any solid food for at least five hours before the operation, and no food whatever for two hours before. Many surgeons give an ounce or two of whiskey or brandy before giving the anæsthetic. When chloroform is given, I am inclined to think this is good practice. When ether is used, no other stimulant should be given. Five to fifteen minutes before beginning the administration of ether I give a hypodermatic injection of from  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. of morphia to adults. Kappeler in his recent work objects to this practice, but I have found it to act very pleasantly in reducing the stage of excitement almost to *nil*. It also seems to lessen the tendency to vomiting.

## HOW TO AVERT DANGEROUS SYMPTOMS.

Should the tongue drop back on the glottis, attempts should be made to draw it forward with the forceps. This is sometimes impossible. A convenient plan is one recommended by Esmarch and Kappeler. Place the thumbs along the sides of the nose and the fore and index fingers behind the ascending ramus of the lower jaw, and draw the latter forward; this opens the glottis.

If the breathing or heart stops, artificial respiration by Sylvester's method should be begun, and kept up until the natural respiratory rhythm is restored, or until all hope of resuscitation should be lost. Patients apparently dead from drowning have been restored after an hour's exertion. Efforts should therefore not be given up too soon. In heart failure, *Nilaton's* method should be resorted to. The patient is suspended head downward to allow the blood to reach the brain and stimulate the circulatory centre.

A faradic battery should always be at hand to supplement artificial respiration. Galvanization of the phrenic nerve may be tried; but in the majority of cases it is simpler and equally effective to pass a strong faradic current through the skin at the sides of the nose. The pain produced excites reflex contractions, and a deep inspiration soon follows. Artificial respiration must not be omitted while these other methods are resorted to.

Inhalations of nitrite of amyl, sometimes remove the first indications of weakened circulation, and this remedy should always be at hand when chloroform is given.—*Medical Chronicle*.

**DEAF MUTISM.**—Dr. Boucheron lately made a communication to the Medical Section of the Paris Academy, in which he expressed an opinion that the co-existent states of deafness and dumbness so often observed is owing to the compression of the acoustic nerve. This compression is the result of the vacuum existing in the cavity of the tympanum. This vacuum causes the external air to press on the membrane, and thus on the ossicula, and finally

on the liquid of the labyrinth and the nerve. By frequent insufflation into the Eustachian tube, M. Boucheron succeeds in destroying the vacuum, and thereby the pressure on the nerve, and deafness is cured. M. Boucheron has restored in some cases, to the apparently deaf and dumb, and even idiots, the faculty of hearing and of speech.—*Brit. Med. Journal*.

**DIABETES.**—By E. A. Cook, Ph.D., F.R.C.S., etc. (*Practitioner*).—The writer lays it down that, however the abnormal production of sugar may be accounted for, any hope of improvement in this disease must depend on our ability to excite to healthy action the secretory glands. For the purpose of increasing the salivary secretion, the drug suitable above all others is *pilocarpine*. When administered in one-fifth to one-third grain doses its general effect is most powerful, and such an administration in diabetic cases would be hurtful; but if a minute dose be applied locally and repeatedly, the mouth can be kept moist. If the nitrate be dissolved in dilute spirit, so that five drops shall be equal to one-twentieth grain, and if this quantity be placed every four hours between the lip and the gum, in a short time a great improvement will be apparent, and as this proceeds the dose can be reduced to one-half with advantage. The best remedy for the weakened state of the digestion from paralysis of the peptic glands, caused by excessive ingestion of fluids, is to give with all meals *pepsin* and *hydrochloric acid*, and to allow no liquids for some little period previous to the meal. To replace the drainage of mineral salts in the secreted urine the following combination is recommended:

Bone-ash of femur.....	1040 gr.
Phosphate of magnesia.....	800 gr.
Phosphate of potash.....	1900 gr.
Phosphate of soda.....	3330 gr.
Syrupy phosphoric acid.....	q. s.
Water to 64 ounces.	

Powder the bone-ash and add four ounces of syrupy phosphoric acid diluted with an equal bulk of water; add the phosphate of magnesia and leave for twelve hours; dilute with water to 20 ounces and filter; dissolve the phosphates of potash and soda in water and add to the clear filtrate; add sufficient phosphoric acid to re-dissolve any precipitate formed, and make up the bulk to 64 ounces. Dose  $\mathfrak{z}$ i. thrice daily in water.

**GENITAL REFLEXES IN THE MALE.**—On this subject, Dr. Dan Milliken contributes to the *Clin. Lancet and Clinic*, May 18, an interesting paper, in which congenital deformities of the penis—especially contractions of the meatus and phimosis—are discussed in their relations to nervous diseases, hernia and *morbus coarctatus*. Cases and statistics of a striking character are adduced; and, in conclusion, the author submits "that, enlightened by such facts as these we do not do our full duty if we treat cases of paralysis or of incoördination in boys without examining the penis. It is rash to take it for granted that the penis is all right in cases of chorea, epilepsy and mental disease occurring in boys. Every case of hernia and hip-joint disease in the male before puberty should cause a suspicion of some genital deformity. Every case of incontinence of urine in boys should be regarded as a case of phimosis or of glandulopreputial adhesions, or of stone in the bladder, until the contrary is proved."

**HÆMOSTATIC IN EPISTAXIS.**—John Kent Spender, M.D., (*Brit. Med. Journal*) has derived prompt and satisfactory results from the introduction into the bleeding nostril of a rubber closed tube, on the principle of the inflatable pessary, which is inflated with air, a spring clip, or a regular stop cock being fitted to prevent collapse. It makes equable and tolerant pressure on every part of the bleeding surface, and is certainly better in every way than the ordinary method of plugging the nose.



**APHASIA.**—M. Chantemesse (*Le Prog. Med.*) refers to the post-mortem examination of the brain of an aphasic patient, who had had, during life, all the signs which have been known, since Kurssmaul, Wernicke, Kahler, and Pick, under the name of verbal blindness and deafness. The patient was a young woman suffering with tuberculosis, who became suddenly aphasic without paralysis of motion or sensibility. She could see and hear but did not appear to understand what she read or heard; she had only a limited vocabulary, but did not show any of the impatience usually manifested by aphasic patients. Death came from the pulmonary tuberculosis, and at the autopsy the convolution of Broca was found intact. On the other hand, there was a superficial softening of the inferior parietal lobule, the optic tract and the posterior part of the first temporal convolution. The centre of inflammation was in the cortical substance and did not involve the crus; the fourth branch of the left fissure of Sylvius was obliterated by a clot. This is then an example of sensorial aphasia to be added to those already reported. (T. M. S.)

**REMARKABLE CASE OF PERIODICAL PEELING OF THE CUTICLE.**—A. Chevallier Preston, M.R.C.S., reports a singular case, in the *Lancet*, of a woman who has suffered from childhood as follows: At intervals of a month or six weeks she experiences for a day or two a slight feeling of malaise, after which the skin of every part of the body comes away in "casts," and the cuticle which separates from the extremities, does so in one entire and sometimes unbroken piece, resembling a "glove" or "stocking." The new skin beneath has the appearance of ordinary skin after desquamation, and lasts her, to use her own expression, for several weeks, when it begins to get irritable and inflamed. The desquamated skin is of the thickness of the ordinary cuticle, and in places is as tough as the lining of a hen's egg. When the skin has come off, she expresses herself as "quite well" again, and is able to get about, feeling far more comfortable in the new skin than in the old one. Nothing could be gathered from her previous history which threw any light on the cause of this extraordinary phenomenon.

**ISOLATION IN CONTAGIOUS DISEASES.**—M. Hillairet (*Le Prog. Med.*) in answer to the question, "How long should a child attacked with a contagious disease be separated from its comrades?" replies: 1. Those attacked with varicella, variola, scarlatina, rubella, parotitis or diphtheria should be strictly isolated; 2. The length of time should be forty days for variola, rubella, scarlatina or diphtheria, and twenty-five for varicella and parotitis; 3. Isolation should cease, only when the convalescents have been thoroughly bathed; 4. The clothing worn by the child when taken sick should be subjected to a heat of over 90°, submitted to sulphurous fumigations and then thoroughly cleansed; 5. The bedding, curtains, furniture and walls of the sick room should be thoroughly fumigated, washed and aired; a day scholar attacked with any of these diseases should not be re-admitted to the school except upon a certificate of a physician stating that all of the above rules have been complied with. (T. M. S.)

**COINCIDENCE OF ANAL FISTULA AND PHTHISIS.**—Dr. W. Ela, in a paper read before the Massachusetts Medical Society, expresses his firm conviction of a coincidence between the two affections. He estimates that about twenty per cent. of patients with fistula in ano are phthisical. He drew the conclusions why the phthisical have anal fistula so often, to be due to (1) tubercular deposit in the rectal walls near the anus, and subsequent ulceration and fistula; (2) to the retention in Morgagni's pockets of tuberculous diarrhoeal discharges, subsequent ulceration, burrowing and fistula; and (3) to the inflammatory process being set up in some of the numerous sub-mucous rectal glands, which are prone in tuberculous patients to become inflamed and abscess follow.

**INCONTINENCE OF URINE AS A PRE-ATAXIC SIGN OF LOCOMOTOR ATAXIA.**—A paper by Dr. W. A. Hammond, in the *N. E. Med. Monthly*, April, treats of incontinence of urine as a symptom which not unfrequently precedes any other sign of the approach of locomotor ataxia and is present for weeks, months or perhaps even years before the slightest defect in co-ordination is apparent. He mentions as a remarkable fact that in most cases of the kind referred to that have come under his observation the incontinence of urine was the only discoverable morbid phenomenon indicative of spinal disorder. "Hence," he says, "the importance of examining such cases with the utmost care in order to eliminate all other causes of incontinence of urine. When this has been done, it appears to me that there is well founded apprehension that the condition in question is the precursor of locomotor ataxia. Probably it indicates a very circumscribed lesion of a congestive character, a lesion which it is yet within our power to heal."

**MORBUS BRIGHTII.**—Dr. J. Atwater sends *The Clinique* the following item: I wish to say a few words on the therapeutics of Bright's disease. When the left or arterial side of the heart is principally involved, I believe that arsenicum will be found of great service. I have had the best results from the *ars. iodatum* in the third to the sixth decimal trituration, giving a two-grain powder once daily. If the right, or venous side of the heart, is the most decidedly implicated, *phosphorus* seems the most effectual remedy. When both sides are much effected at the same time, I have had good results from using *arsenicum* one week and *phosphorus* the next, alternately. I have also found other remedies, as *cuprum*, *digitalis*, *aurum*, *belladonna*, *kalmia* and *phytolacca* frequently useful as intercurrent remedies.

**NOVEL TREATMENT OF INTUSSUSCEPTION.**—In a case of intussusception in which the descending bowel could be felt in the rectum, Dr. McGown (*Brit. Med. Jour.*) resorted successfully to the following experiment: Obtaining a piece of sheep's colon six inches long, he tied one end and connected the other to a piece of rubber tubing a foot long, through the interposition of a short tube of ivory; the apparatus was completed by attaching the free end of the rubber tube to a stop cock. The sheep's colon was now passed into the rectum through a speculum, blown full of air and the stop cock closed. The pressure thus exerted on the prolapsing bowel caused its reduction, and the patient recovered.

**NITRATE OF PILOCARPINE IN RAGE** (*Le Prog. Med.*).—A man, 38 years of age, was bitten by a mad dog, which had already bitten two other persons, one of them dying with all the symptoms of rage. The first symptoms were restlessness, intense thirst, spasms of the pharynx and attempts at biting. When placed in an isolated chamber he manifested symptoms of sadness, disquiet, and had several spasmodic attacks with convulsions and hoarse cries. Subcutaneous injections of *morphia* and clysters of *potassium bromide* were given. During this treatment, the injured place again broke open. Later, injections of *pilocarpine* were given; improvement and cure followed promptly. (T. M. S.)

**DETECTION AND MEASUREMENT OF URINARY CALCULI IN CHILDREN.**—Richard Volkmann, of Halle, mentions a new method as follows.

Under anaesthesia he introduces two fingers into the rectum. By pressing the bladder against the pubic symphysis, the stone is felt. By lifting it above the symphysis, and holding it in that position, the other hand can determine its size and form. Sometimes in this way the calculus is placed in front of the symphysis, so that it can be fixed with an elastic cord, preparatory to the supra-pubic section for its removal.—*St. Louis Clinical Review*.

**New York Medical Times.**

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

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Business Communications should be addressed "Publishers, 18 West Twenty-third St.," and Checks, etc., made payable to the NEW YORK MEDICAL TIMES.

Published on the First of each month.

Office, 18 West Twenty-third Street, New York.

WM. B. WOOD, M.D., Business Manager.

NEW YORK, JANUARY, 1883.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

1883.

As the years drop behind us one by one, we pause at each successive milestone, and casting our thoughts backward over the past, there rise before us the forms of those loved and honored who have faded from our sight, resolutions made and too often broken, estrangements hard to bear, words spoken in bitterness, obligations forgotten. As the new year dawns brightly upon us we again form resolutions for the future. Life shall be more active, more earnest; more heed shall be paid to its great duties. We will strive for a purer, more harmonious life, for higher attainments in science, and for more zealous and earnest work in the cause of truth and right.

The TIMES sends a cordial New Year's greeting to its thousands of friends scattered over the world. In the future, as in the past, we will work earnestly for what we consider truth and progress. And now, asking for your active co-operation in developing and spreading the truths of science and promoting good fellowship in our ranks, with "kindness to all and malice towards none," we wish you all a prosperous and happy life.

**THE NEW CODE.**

Thirty-four New York County Medical Societies have already instructed their delegates to the next Old School State Medical Society to vote for a repeal of the new code. By all means, gentlemen, get into your citadel, double bar your gates, strengthen your walls, dig deep and wide the trenches about you, and as you look out of your port holes or proudly tread your ramparts, the conviction may at last dawn even upon you that you have isolated yourselves and that the great world of progress moves on just as well without you, giving little heed to the relic of old feudal times in its midst or its sectarian

flag. No man or set of men can stay the tide of progress. The world clamors for free thought. We are living in an age of steam and electricity when men's thoughts refuse to be legislated into any particular channel. They laugh to scorn at that orthodoxy made by act of legislature or organized societies. Attempts to dictate to men of science how they shall think and act, and with whom they shall associate, are meeting with the contempt which such narrow minded bigotry richly deserves. The time has passed when the crack of a sectarian whip will frighten, or the clank of fetters do more than remind of a slavery which once existed. The time has come when that man is orthodox, in our profession, who thinks and acts with an intelligent mind and an honest purpose. The great public recognizes an orthodoxy crowned by success and marked with evidence of intelligent thought, though the fossils whose voices are but the echo of a dead past, clamor against the recognition, and seek to bind the living present, with its light and progress to that bigotry and intolerance which disgraced the past.

By all means let those who choose to work under a sectarian flag, as represented by the old school, cling to their traditions. Let them gather close their garments about them lest they be contaminated in that jostling thoroughfare where the spirit of progress rushes on to its goal. Let them mark out strongly and distinctly the lines of party, gathering the "regulars" within the fold and holding them there, if they can, by society enactments.

The centuries of slavish adherence to Galen have passed away. The old war-cries grow fainter and are losing their power. A new spirit is being infused into the medical ranks, or rather an old spirit revived with all its freshness and with new vigor and strength. From out the mists of the past rises slowly the godlike form of the great Father of Medicine—HIPPOCRATES. Before his spirit the mists roll away as before the rising sun. Our hearts warm as we recall his great, noble, unselfish life, his golden precepts, so full of strength, beauty and harmony, so far-reaching in their wisdom, so broad and comprehensive in their philosophy that they seem an influx from the Divine Mind. As these precepts come back to us now, sounding sweetly in our ears above the roar of party strife, we see how through the past centuries the freedom and life of our art has been held in chains by the mechanism of organized power, with its laws and regulations like those of a kingdom, which has ruled instead of being ruled, which has become the master, rude, overbearing, tyrannical, instead of the servant.

That mechanism, thank God, is being broken into atoms. The spirit of Hippocrates is again in the ascendant. Let those who will, seek to legislate the mind and conscience into their own arbitrary channels, and perpetuate abuses palsied with age which will soon, even with all their nursing and tender care, drop into the grave. Let men in whose hearts lives the unselfish spirit of our noble art, cast from them the thralldom of party and recognize only as orthodox that spirit of honesty, intelligence and culture which bends all its energies to

the prevention of disease, the relief of human suffering, and the regeneration of the world, by making the physical the servant of the spiritual instead of its master.

With minds free from prejudice the new school seizes hold of the great truths which have stood the tests of practical experience, no matter by whom enunciated, and seeks to make its mark upon the history of the world, not by legislative enactments, not by the power of banded organizations, but by work accomplished for the welfare of humanity. Above all creeds, it recognizes in its public work and professional intercourse, first and foremost, the creed of the gentleman. This is an anchor sufficiently strong to prevent our drifting very far from the right.

### OUR PUBLIC SERVICE.

Under this title the Philadelphia *Med. Bulletin* publishes, in its November number, a statement, from authoritative sources, of the regulations at present governing the admission of candidates into the medical corps of the U. S. Army, Navy, and Marine Hospital Service, respectively. An examination of these ordinances discloses some curious points of disagreement, not only with each other, but with certain recent utterances of orthodox editors on the subject.

"Candidates for the appointment of assistant surgeon in the U. S. Army must," we are informed, "be graduates of a regular medical college, evidence of which must be submitted to the Board before examination."

The Navy examiners, on the other hand, treat this same qualification with supreme contempt. "From the very beginning," they remark (*italics are ours*), "this Board has assumed to be the sole judge of the qualifications of candidates *the mere possession of the diploma of a medical school having no weight whatever as an evidence of professional capacity*; and the experience of the Board has demonstrated that *the most incompetent applicants have been found among graduates of the great schools*, while many of the ablest men of the corps have received their degrees from comparatively obscure institutions."

The *Medical News*, as our readers may remember, not long ago proclaimed that "The knowledge which a medical officer of the army should possess can only be acquired at a regular medical school." This, of course, was put forth as an *a priori* judgment, a mere matter of inference on the part of the writer. The Naval Board of Medical Examiners (speaking by the voice of Medical Director Albert L. Gihon), on the contrary, declares, as the result of its actual observation and testing of candidates, that:

"A medical education, such as admission into the medical corps of the navy implies, has until quite lately scarcely been attainable through the ordinary curriculum of any school in this country; and those who have passed the examination have been men whose industry, ambition, and thirst for knowledge, under the guidance of competent preceptors, have impelled them to seek for themselves that fuller professional training of which they have felt the need. Happily, a number of the leading schools, disregarding possible pecuniary loss from smaller classes, have begun a reform in medical teaching, which promises to make their graduates as really

learned in medicine as the phraseology of their diplomas implies, and ultimately we may hope that every reputable college will be compelled to the same thoroughness in teaching."

The "hope" expressed in the last quoted sentence having been dashed to earth by the recent retrograde movement on the part of a "leading school," the bragging assertion of the *News* is seen to be in direct conflict with the opinion of the naval authorities. That opinion alone would afford sufficient ground for granting the petition to the National Legislature now in circulation throughout the country—even if every consideration of abstract justice and constitutional right did not plead in its support.

### SOME EDITORIAL RESPONSIBILITY.

Our readers will find in another column an interesting communication entitled, "A Revised *Materia Medica*," from our esteemed and able transatlantic contemporary, Dr. Pope, which will repay their perusal. Our correspondent, however, is evidently ignorant of the facts in the case, or he would not attempt to transfer the editorial responsibility in the enterprise referred to, to "literary hacks"—for even the editor in question, we opine, would not himself attempt to do this.

Our readers will bear us witness that this journal has never shown any trepidation in its treatment of this monstrous conglomeration, as is shown in our review at page 210, of the December number, 1879, to which we call the attention of such as are interested in the subject. As we then stated, "it gives us no pleasure to speak in this manner," and we regret that justice to our readers compels us sometimes to criticise adversely, but our position as independent journalists requires that we put individual interests entirely aside, and bend our efforts to the protection of the profession as a whole, at any sacrifice so far as we personally are concerned. It is to be deplored that our contemporaries have not shown more independence in their treatment of a work which claims to be an "Encyclopædia," and upon which our therapeutics as a "school" is expected to depend.

We fully appreciate the influence which is responsible for this condition; it is a *craving for books* which in itself is quite laudable, but when it breeds pusillanimity and the professional body has to suffer for it, then it becomes reprehensible! As for ourselves, we propose to mete out, as nearly as we can, exact justice to authors, publishers and to our readers, regardless of consequences. Our position toward the "Encyclopædia" in question, caused its editor to discontinue sending us the volumes, after the sixth—an indication that truthful critical treatment of the work was not desired.

Our journal is not issued for the purpose of enabling a publisher to eke out an existence, nor with the view of bolstering up any business enterprise or college, but purely in the interest of the profession at large. As our subscribers depend in their purchases upon what we say in our book-notices, we consider ourselves absolutely bound not to mislead them in what we may publish regarding this literature. We wish all to understand that our opinion concerning



any publication cannot be purchased by a copy of the same, and those publishers who expect otherwise will please keep their books and let us obtain them, as we shall endeavor to do, in a way that will not interfere with our manhood, and with our independence as journalists.

Regarding the responsibility of the editor of the "Encyclopædia" the *British Journal of Homœopathy*, for Oct., 1877, says:

"In giving an account in our January number of the assistance Dr. Allen receives in the preparation of his work, we rather misappropriated the share taken by his masculine and feminine coadjutors. The copying out of the pathogenetic effects of the various drugs from the volumes given for the purpose, should have been assigned to the assistant of the gentler sex, while 'the medical man disabled from practice' not only does the translating from the French, but prepares the material for the press, corrects the proofs, searches out the conditions, and arranges the symptoms, when complete, in their proper categories and order of succession. This last task we erroneously assigned to Dr. Allen himself."

The above quotation called forth a response from the Encyclopædic editor, to the *Bulletin* of his publishers, in which he asserts that Dr. Hughes "fails to give a true impression of the character of Dr. Freeman's labors" on the Encyclopædia, for the reason that they were the labors of a mere irresponsible scribe (or, as our correspondent, Dr. Pope, denominates him, a "literary hack,") which were marked out, superintended and revised at every step by the editor himself. This statement may be, and doubtless is true, in respect to all other than the translations from the French, for which Dr. Freeman was solely responsible, for well-known reasons, and was so held by the editor.

In regard to the translations from the German (and these are the only ones which have been thus far found inaccurate) the editor says, in the *Bulletin* referred to, that "all the translations from the German \* \* have been dictated to a short-hand clerk" by the editor, with his final revision.

Here, however, as Dr. Freeman points out in a communication to this journal of November, 1877, the editor "omits all mention of what took place between the two processes he speaks of." In the first place, these translations which were "dictated to a short-hand clerk," Dr. Freeman says, "were uniformly marked by so many and such gross grammatical and rhetorical blunders and inelegancies, that it was absolutely necessary for some one to undertake the task of putting them into decent literary shape." Dr. Freeman also states "that he soon found it was useless to mark the margin of the copy with the view of calling the editor's attention to these blunders, and almost equally so to point them out personally, and endeavor to convince him of their existence and importance."

Dr. Freeman states that he then adopted the plan of making the requisite alterations with a lead pencil, so that they could be easily erased if so desired, but the fact is, he says, that they were allowed to stand in every instance. This was not all! He soon discovered that errors of translation were by no means infrequent, and that they had the effect, in many instances, of entirely reversing the

meaning of the text, or of rendering it utterly unintelligible; and these, too, were rectified so far as facilities at hand would permit, the corrections being accepted by the editor without a word of comment, while all suggestions concerning the prevention of these deficiencies were steadily ignored by him. In consequence of these warnings, the "responsible editor" becomes all the more responsible for allowing the work to go abroad with its gross inaccuracies, to mislead and defraud the profession!

We understand this manner of working continued through six volumes, when the labors of the above-named "irresponsible scribe" ended, and that all this time revision was not only being professedly carried on by the editor himself, but by his coadjutors, Dunham, Lippe, Lillenthal, etc. As to how well this latter task was done, the volumes themselves must reveal.

So far, then, from its being the fact, that the editor's "irresponsible scribe" (or "literary hack") was to blame for the inaccuracies in the translations from the German, it is owing to his gratuitous exertions that these translations are no worse than they are!

Dr. Freeman's object in taking all this trouble, we presume, was simply to demonstrate, by a constant accumulation of evidence, that the translations from the German must be either done more carefully in the first place, or receive a more careful revision—for, of course, the most frightful thing in connection with the errors just spoken of was that they necessarily implied the existence of innumerable other errors as yet undetected.

We have no doubt Dr. Freeman will gladly assume the responsibility for the translations from the French, notwithstanding the fact that the editor distinctly asserts that the ultimate responsibility in this, as in all other departments of the work, attaches to himself alone.

We have never seen it so much as intimated in any journal, on this side of the Atlantic, excepting our own, that there was any question as to the reliability of this *omnium gatherum*! Dr. Burnett's scathing criticism of *argent. nit.*, which appeared in our columns at page 9 of the April number, failed to elicit journalistic recognition, and even no notice was taken of Dr. Hughes' announcement that "the result of my examination of Dr. Allen's work has disclosed so much that is faulty that I feel the mere corrections I have indicated as necessary for his text to be insufficient. The compilation and translation must be done over again, and presented in a better form." These comments bear out the concluding words of our review, to which we have before referred, that "we shall await the result in full confidence that it will justify the sentence we have foreshadowed," and that the effort to publish an Encyclopædia of Pure Materia Medica has resulted in a "gigantic and most discreditable fiasco."

#### THE "HABEAS CORPUS" IN THE MIDDLETOWN ASYLUM.

We have taken pains to ascertain the history of the *habeas corpus* at the State Homœopathic Asylum for the Insane, at Middletown, New York, and it is quite interesting. It proves rather conclusively, that thus far,

it has been efficacious in releasing dangerous lunatics, rather than in setting at liberty sane men who have been unjustly deprived of their liberty.

In the winter of 1878, a patient from Steuben County was duly committed to the institution above named. Three days later he was taken back to the county whence he came, on a writ of *habeas corpus*.

After a jury trial this man was discharged. Within thirty days, so we are informed, this same jury petitioned to the judge for a re-commitment, as he was threatening the lives of the jurymen. Up to that time he had contented himself with threatening and attempting to kill his wife. When he directed his insane attentions towards the jury which had liberated him, then these "twelve good men, and true," hurried to the judge and begged for the incarceration of this dangerous lunatic. Shortly after this the patient assaulted his wife and nearly succeeded in killing her. Then he was returned to the asylum, where he remained for two years, after which he was transferred to the Willard Asylum for Chronic Insane.

It is an open question, whether interference with proper treatment in this case, by means of the *habeas corpus*, was not a prominent cause of chronicity.

During the past year two patients have been removed from the Homeopathic Asylum by means of the *habeas corpus*. Both were discharged from custodial care of the asylum. Both were, in the opinion of the Superintendent, insane and dangerous to be at large.

Shortly after the release of one, he was locked up in jail for threatening to kill his mother; and soon after the District Attorney of the City of New York was authorized to send the other to an asylum again, because he had become unmanageable at home, and had engaged in bumping the heads of his helpless little children against the walls of the house where he resided.

All these patients, released through *habeas corpus*, have proved themselves dangerous to those about them.

We are confident that the insane committed to the Homeopathic Asylum at Middletown are discharged promptly on recovery.

Should a sane man be duly committed to this asylum, he would certainly be discharged so soon as his sanity was properly demonstrated.

#### "INTERNATIONAL PATHOLOGY."

In a letter to the editors of this journal Dr. Pomeroy says: "I shall content myself with a simple and comprehensive denial of the statements made by the author of the paper entitled 'International Pathology' in your December number, regarding the character and extent of my communication with him relative to that case of 'tubal pregnancy,' especially as I have already in your November number recited the substantial facts of that case." This statement, so far as the *Times* is concerned, closes the controversy.

—Dr. H. R. Stiles is delivering a course of lectures on Diseases of the Mind and Nervous System at the College for Women in this city, and Dr. S. H. Talcott is delivering a similar course at Hahnemann College, Philadelphia.

### BIBLIOGRAPHICAL.

ANATOMICAL TECHNOLOGY AS APPLIED TO THE DOMESTIC CAT: An Introduction to Human, Veterinary, and Comparative Anatomy. With illustrations. By Burt G. Wilder, B. S., M.D., Professor of Physiology, Comparative Anatomy, and Zoology in Cornell University; and Simon H. Gage, B. S., Assistant Professor of Physiology and Lecturer on Microscopical Technology in Cornell University. New York and Chicago: A. S. Barnes & Company, 1882. Large 8vo., pp. 575.

As indicated in the preface, this work has grown out of the authors' needs as instructors of students preparing for practical work in human, veterinary, and comparative anatomy, and "while, therefore, the book is designed primarily as a guide for beginners, certain features—the references and the suggestions as to lines of inquiry—may prove useful to teachers and others who may undertake to add to existing knowledge." We know of no book published in this country which treats so admirably the subject of anatomical technology, and no book in any country where the anatomy of the cat has received just that monographic treatment to meet the wants of beginners in anatomy. The classic work of Straus-Durckheim, published in 1845, big as it is, treats only the bones, ligaments, and muscles, and cannot be implicitly relied upon; while the recent work of St. George Mivart contains many inaccuracies and has objectionable features in its arrangement and terminology. The present work owes its distinctiveness and value to the minute descriptions of instruments and methods of work and manipulation, and the slip system of notes; to the use of the decimal system, and to a new system of anatomical nomenclature. We say a new system, because the many radical changes and additions place our anatomical nomenclature on a new basis.

Any one who has done any practical work in anatomy, especially in comparative anatomy, must have realized the ambiguity and often utter inaccuracy of many terms which have crept into use, owing their origin to false anatomical ideas or whims, and retained from a foolish reverence of the past, or a fear of innovations.

Many of these changes and new terms we think so admirable, and which we feel will meet with such general approval and adoption, that we shall indicate in a general way the extent of this reform and the objects the authors have had in view. These may be briefly stated as follows:

To facilitate the recognition and memorizing of parts.

To abridge descriptions and increase their accuracy.

To use only such terms as are brief, simple, exact, significant, of classical origin, and capable of inflection.

To introduce new terms for parts apparently unknown or unnamed, e. g., *crista fornicis*, or in the place of semi-descriptive terms too long or incapable of inflection.

To consider the brevity of names most frequently employed.

The use of a characteristic word in place of a descriptive phrase, e. g., *der for der a tertio ad quartum ventriculum*.

When two or more parts are similar or have similar relations, to distinguish them by joining to some common title already in use, prefixes indicative of their relative positions; e. g., *postgeniculatum*, *prageniculatum*.

To shorten the names of several parts by omitting the word *corpus* and using the neuter adjective as a substantive.

To keep modern usage and the rules of classical etymology constantly in mind.

To discard terms which indicate size, those referring to the natural attitude of man or animals, most vernacular names, and all *nomina impudica* needlessly applied to other parts.

The terms of position and direction—Toponymy—are derived from names which have been applied to the

parts themselves and are independent of their situation "with respect to the heavens and the earth." In place of the ambiguous terms superior, inferior, anterior, and posterior, the use of the adjective forms *ectal*, *ental*, *dextral*, *sinistral*, *dorsal*, *ventral*, *cephalic*, *caudal*, *proximal*, *distal*, *lateral*, and *mesal*, and their adverbial forms, *ectad*, *ental*, *dextrad*, *sinistrad*, *dorsad*, *ventrad*, *cephalad*, *caudad*, *proximad*, *distad*, *laterad*, and *mesad*, explain themselves, and we venture to predict will be all adopted.

For accurate comparison of the limbs with each other a diagram is given of the dorsal aspect of the cat with the limbs in the normal position, that is, standing out at right angles with the body (soma) the extensor surfaces (with the convexities of the elbow and knee) being placed dorsally, and the flexor surfaces ventrally, with both pair of limbs (membra). The study of this one diagram will facilitate greatly the memorizing of the new names introduced, and give the student a clear idea of the relations of the membra and their parts to the soma.

To the middle line has been given the name *meson*, with its two derivatives *dorsimeson* and *ventrimeson*, which explain themselves.

The macroscopic vocabulary of the brain has been very thoroughly worked up, and we know of no work in which this portion of the anatomical terminology has been so admirably treated.

The minute descriptions of instruments and the various methods of manipulation render the book especially valuable to the beginner.

In the osteology we would especially refer to the thorough treatment of the skull and the admirable figures accompanying it. The myology, which takes up eighty pages, leaves little to be desired. The admirable figures showing the muscular attachments to the humerus deserve special mention.

Chapter VII., devoted to the abdominal viscera, treats of those parts of most interest and importance to the beginner. The figures of the stomach, cæcum, ileocecal valve, and the pancreas and its ducts, are very elaborate.

Much space is devoted to the heart, and the figures show admirably the relations of the heart's cavities and valves. The diagram of the heart's cavities and the circulation reminds us of those many admirable diagrams the senior author makes use of in his lectures on physiology, to hear which was once our privilege. Two excellent figures are given of frozen transections of the thorax.

The last three chapters of the book, taking up 165 pages, are devoted to that most difficult part of anatomy, the nervous system and special senses, a subject which has long engaged the senior author, who has done so much original work in the comparative anatomy of the brain. Not to speak of the admirable dissections of the brachial plexus, a knotty point to the young anatomist, the cat's brain has received the most thorough and extensive monographic treatment.

The macroscopic vocabulary of the brain has been entirely revised.

Space will not permit us to indicate the changes and additions, and we must refer the reader to the work itself. Among the figures we note especially the plaster casts of the *medicorua*, the *diacalia*, *aula*, *porta*, and parts of the right *procalia* of the sheep. This is the first attempt, we believe, to show the relations of the parts in this way. Four elaborate lithographic plates illustrate the cat's brain. A long alphabetical list is appended of the parts of the mammalian brain, with all the synonyms and references, which we regard as exceedingly valuable, not only to the beginner, but to the advanced student of anatomy.

Elaborate figures of the cat's eye and ear, the work, we believe, of the junior author, show the care which has been bestowed upon the entire work.

A valuable bibliography and complete index increase greatly the usefulness of the book.

We see so much to commend, and so little to find fault with, that our objections are soon told. The aphorisms of terminology and general application seem to us unnecessarily drawn out, and the treatment of the cerebral fissures too elaborate in a work of this kind, designed, as it is, for beginners. As the term *hypophysis cerebri* is given to the pituitary body we should give the preference to *epiphysis cerebri* for the pineal gland rather than *conarium*.

In designating the *canthi*, or angles of the lids, we prefer the terms external and internal, as used in human anatomy, to *mesal* or *nasal*, and *lateral* or *temporal*. There can be no ambiguity in *internal* and *external*, while both *internal* and *external* canthi are *lateral*.

We object to the non-capitalizing of nouns in the German synonyms of parts of the mammalian brain. See page 472.

We have but indicated, in a most general way, the scope and object of this work. It is so extensive and shows so much labor and original research that in a review of this kind anything but a general description would be impossible. The book must be studied to be fully appreciated.

The cat has been selected as a stepping stone to the human body because "widely distributed, common, easily kept in confinement, and of moderate size so as to be readily manipulated and cheaply preserved. To the young medical student for learning 'methods of manipulation, fundamental facts of structure and function, and terms of expression,' the cat serves equally as well as the human body which has the disadvantages of being expensive, difficult to procure, and of inconvenient size.

The question whether comparative anatomy should be included in a medical course resolves itself into this, that while the medical course, in this country at least, is too short and demands too much other work and study to give any time to comparative anatomy, comparative anatomy should be studied before the strictly medical studies are taken up. This, as one of the *Naturwissenschaften*, Billroth argues very strongly in favor of as an admirable means of scientific training, and as a necessary basis for a comprehensive and thorough knowledge of human anatomy and physiology.

Most medical students begin their dissections of the human body ignorant of the proper methods of dissection, and the little time devoted to practical anatomy simply shows them that dissection is a fine art, and does not come by nature, but, like all fine arts, requires a faithful apprenticeship. The medical student's knowledge of anatomy is a knowledge of Gray's Anatomy, and is not the live knowledge which comes only from personal familiarity through well-directed dissections.

We must remember that anatomy is the basis of surgery and general medicine, and we can then appreciate its importance, and hail a work of this kind which seeks to give the student a knowledge of the methods of anatomical work and the general bearings and teachings of comparative anatomy.

E. R. CORSON, M.D.

FAMILY PRACTICE, OR SIMPLE DIRECTIONS IN HOMŒOPATHIC DOMESTIC MEDICINE. A Companion Volume to "The Principal Uses of the Sixteen Most Important Homœopathic Medicines." Compiled from the Standard Medical Works of Jahr, Hull, Hempel, Bryant, Hale, etc. Fourteenth thousand. Revised and enlarged. Pp. 264, 16mo. London: E. Gould & Son, 1882.

In addition to the medicinal indications, this little work gives much accessory treatment, such as heat, baths, etc., which will be found of great service. The book covers the application of 59 different drugs, and will be all-sufficient for the majority of laymen.



**LEGAL MEDICINE.** By Charles M. Tidy, M.B., F. C. S. New York: Wm. Wood & Co., 1882.

The closing volumes of Wood's excellent series of Standard Authors, for 1882, are among the best. There is no subject connected with medicine on which the physician is so poorly posted as legal medicine. Within the past few years the advances of science have been so marked that special treatises upon the various subjects connected with our profession which may require legal investigation are absolutely essential to the library of every physician, for every physician in county or city may be called to assist in these legal examinations upon which hang life and liberty. The practice of forensic medicine is one that devolves on the profession generally, and not on a few in particular. It is true in any great case experts are usually employed; but for the actual facts, conditions, appearances, and symptoms, the general practitioner must, as a rule, be responsible. Hence the necessity of knowing how to observe carefully and reason intelligently.

The volumes of Dr. Tidy discuss with marked illustrative cases, Evidence, the Signs of Death, the Post Mortem, Sex, Monstrosities, Hermaphroditism, Expectation of Life, Presumption of Death and Survivorship, Heat and Cold, Burns and Scalds, Lightning, Explosives and Combustibles, Starvation and its Treatment. All of these subjects are treated with clearness of scientific detail, giving the physician in concise form the necessary information to conduct an investigation upon almost every subject of forensic medicine.

**A TREATISE ON THE PRACTICE OF MEDICINE,** for the use of Students and Practitioners. By Roberts Bartholow, M.A., M.D., L.L.D. Third edition, revised and enlarged. New York: D. Appleton & Co., 1882.

It is refreshing to turn from a work so crude and incomplete, so full of the exploded theories of bygone days, as that of Prof. Palmer, to the clear, lucid pages of Prof. Bartholow. Prof. Bartholow has won for himself so high a position as an original thinker and clear and forcible writer that any work from his pen would command attention and respect. One great charm of the writer is the intelligence and original thought which he brings to the discussion of every subject, and the directness, clearness, and vigor of his style. In his treatment he is much in advance of the leading writers of his school, and gives marked indications of having studied appreciatively some of the best writers of the new school.

**THE DISEASES OF THE LIVER, WITH AND WITHOUT JAUNDICE, WITH THE SPECIAL APPLICATION OF PHYSIOLOGICAL CHEMISTRY TO THEIR DIAGNOSIS AND TREATMENT.** By George Haley, M.D., F.R.S.; illustrated by colored plates and wood engravings. Philadelphia: P. Blakiston & Co. 1883.

This edition is published simultaneously with the London edition, and contains the entire text and original illustrations. Avoiding a rehash of the general literature on the subject, and a discussion of the various theories of the mechanism of jaundice in hepatic derangement, with which the reader is supposed to be familiar, the author confines himself to an exposition of his own views, illustrating them fully with cases at home and abroad. The writer discusses with force and clearness the physical and chemical methods of diagnosing diseases of the liver and in the light of chemistry and physiology points out his line of treatment. All the various forms of disease of the liver are discussed from a standpoint of science by an exceedingly practical and scientific observer. The work is far in advance, in original and practical information, of any treatise on the subject with which we are acquainted.

**MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE.** By C. Heitzman, M. D., Late Lecturer on Morbid Anatomy at the University in Vienna, Austria. With 380 original engravings. New York: J. H. Vail & Co.: 21 Astor Place, 1883.

The salient feature of this book is, that it aims to make its three hundred and eighty illustrations go hand in hand with the text, thus making prominent the representation of facts and conditions, rather than the presentation of theories and opinions; it appeals to the eye rather than the imagination. The book gives evidence upon every page of the great amount of careful labor that has been expended in its preparation, and the number and excellence of the engravings deserve especial commendation.

In a work of such general excellence, it is difficult to dwell upon the special subjects treated without making an extended review. It is sufficient to say that it is a book of the present in both form and matter.

**RHEUMATISM, GOUT AND SOME ALLIED DISORDERS.** By Morris Longstreth, M.D., New York: Wm. Wood & Co.

The October issue of "Wood's Library of Standard Medical Authors" gives us a very timely and excellent work on a class of diseases very prevalent in this climate at this season of the year. The author first gives the forms, varieties, and causes of rheumatism, and then proceeds to discuss the pathology, passing in review the various theories, including the local or inflammatory, the vascular, the nervous, comparing the electric, the spinal and the vaso-motor; the specific poison or lactic acid theory; the physiological and chemical origin and nature of the lactic acids; the reflective theory, etc. The complications, progress and treatment of those diseases form the concluding chapters. The work is well written and the treatment fully up to the standard of old school therapeutics.

**TRANSACTIONS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.** Eighteenth Annual Session, 1882. Pp. 356.

A most creditable volume in all respects, and we shall take early opportunity to excerpt from its pages to the extent of our capacity. This harmoniously working Society is doing most excellent service, as the volume before us bears evidence, and we would that others of its kind showed similar activity. The papers presented are generally of a practical character, and deserve a wider reading than can be vouchsafed in a publication in this way.

**WATER ANALYSIS.** A Hand Book for Water Drinkers. By G. L. Austin, M. D. Lee & Shepard, Boston, Publishers.

In this little volume the author presents a plain method of analyzing waters so that any one can determine for himself its wholesomeness or unwholesomeness for drinking purposes.

**TRANSACTIONS OF THE MINNESOTA STATE HOMOEOPATHIC INSTITUTE, 1867-1882,** pp. 224.

A complete record of the proceedings to date.

THE *North American Review* for January contains an able article from the pen of Dr. David Hunt, of Boston, protesting against that position of the Code of Ethics which forbids association of so-called "regular physicians" with any other than their own. The essay should be read by every member of the profession.



*The Wide Awake*, published monthly at \$2.50 a year, by D. Lathrop & Co., Boston, is one of the most beautiful and interesting of all the illustrated monthlies for the young. It is an admirable educator in art and choice literature to the entire family.

*The Century Magazine* for January has an article on "Darwin's Last Years," and one entitled "Darwin's Place in History," both of which add greatly to our biographical knowledge of this wonderful man.

## CORRESPONDENCE.

### THE SEPARATION OF DYNAMIC FROM HOMOEOPATHIC PRACTICE.

By H. M. PAINE, M.D., ALBANY, N. Y.

#### REASONS FOR ESTABLISHING A DEPARTMENT OF DYNAMIC MEDICINE.

That there are at present two parties in our school holding opposite views of the relative value of high and low potencies, is plainly apparent at every meeting of the State Society.

That the prominent place and undue curative value ascribed to dynamic practice by high potency homoeopaths, has been and still is the principal disturbing element in our school, goes without saying.

The feeling of distrust in dynamic treatment which at first occasionally cropped out, has of late years given place to one of intense disgust, a mental status that has recently manifested itself in frequent expressions of a desire to sever all unnecessary affiliation therewith.

How to bring about a separation without giving offence to a body of our profession whose good will and friendly relations it is not necessary or desirable to disturb, is a matter which has given rise to considerable discussion; in fact, the desire to treat both parties with entire impartiality has hitherto prevented any expression for or against high or low potencies on the part of the Society.

The conviction, however, seems to be growing that dynamic practice is plainly non-homoeopathic; hence, a declaration to that effect is called for, in order that the relation of the Society thereto may not be misinterpreted or misconstrued.

This conviction is so firm and the undisguised hostility to dynamic practice under false colors so great, that action in some form, on the part of the Society, would appear to be expedient and essential to the furtherance of the objects for which it is organized.

The reasons urged for such action are mainly threefold. They are:

*First*.—The unscientific, unreasonable and extremely uncertain action of high potencies, all of which plainly point out its non-homoeopathic status.

*Second*.—That it has thus far effectually prevented the general acceptance of homoeopathy by the medical profession, hence humanitarian interests suffer; diseases prevail that could be alleviated or effectually controlled by homoeopathy if universally adopted.

*Third*.—In the absence of definite action against dynamic practice on the part of our leading associations, State and national, this absurd, illogical and wholly empirical method of treatment is continually being palmed off by instructors in our medical colleges as sound and genuine homoeopathy.

From this, the most objectionable feature of all, there is and can be no escape, until the associations named see fit to take decided action in opposition thereto. How many months or years longer our representative societies will remain inactive and apparently indifferent to the existence of this undesirable and positively harmful condition, without venturing upon active interference, is a question which time only will determine. It is to

be hoped, however, that the proposed action may be deferred only until temperate and unprejudiced discussion shall have wrought out wise and harmonious conclusions.

In order to present the subject for consideration I have on previous occasions endeavored to secure the erection of a separate department, that of dynamic medicine, my purpose being to break in upon this strangely mysterious method of treatment, and disassociate it, to a certain extent, from that which is known to be truly homoeopathic.

This plan involves no action for or against its homoeopathic relationship. It simply places the reports of dynamic cases in a separate department for observation, in order the better to subject alleged results to severer crucial tests than any hitherto employed. The plan is feasible, practicable, and for the present at least, involves all that is called for or required.

#### THE ESTABLISHMENT OF A DEPARTMENT OF DYNAMIC MEDICINE, NOT AN ACT OF ILLIBERALITY.

Objection is made to this plan on the score of illiberality; on what reasonable ground it is difficult to discover; nevertheless, the objection has been made in recent medical journals. It is probable that the charge is a mere ruse, made for the purpose of staying off action, which would, it cannot be denied, cast suspicion upon the labor of a portion of the honest workers in our school. Be this as it may, the charge has been frequently made, hence its examination in this connection is not out of place.

The charge of illiberality can be based only on the assumption that dynamic practice is homoeopathic. This proposition involves the whole question at issue.

Individuals have the right to believe and practice as they please, and they enjoy unlimited freedom in formulating and declaring their opinions. There is not the least tinge of illiberality in their so doing. Now that which we enjoy as individuals we possess collectively in our associations. We do not lose individual rights by joining medical societies.

A portion of the membership of any medical society enjoy unquestionably the right and privilege of formulating and stating their views regarding the principles and purposes involved in their association, precisely the same as individuals, and there is not the slightest shade of illiberality in the formulation or the expression of such declarations. This liberty involves the essence of good government. To be deprived of it is equivalent to a relapse into the perils of Nihilism.

Both the minority and the majority possess the same rights in this respect, and they are at liberty to exercise them as often as they see fit. Opinions once formulated and declared may be adopted by the Society, the only question being whether such action is expedient. The absence of this right would place a perpetual bar upon progress or change in any direction, and consign the association to the stolid obstinacy of a single member. Instead of being illiberal, it is the only safeguard against that very undesirable condition.

If in any society a majority are believers in high potencies, it is to be expected that its declarations, if it is deemed expedient to make any, will support dynamization; if, on the contrary, a majority belong to the low potency party, its emanations would unquestionably oppose dynamic practice, unless reported and classified under its appropriate name.

Those of us who are engaged in the work of eliminating dynamic practice from homoeopathy, are doing so because we know that, from a homoeopathic point of view, dynamization is ridiculously false and absolutely absurd; hence the action which we are endeavoring to secure is not in the slightest degree illiberal. We are defending homoeopathy from constant and serious harm. We are combating an insidious and exceedingly obnoxious form of medical error. It is not illiberal to defend right and oppose error. It is a duty and privilege to do

both. The charge of illiberality is as frivolous as it is groundless.

A PROPOSITION DECLARING DYNAMIC PRACTICE TO BE NON-HOMŒOPATHIC IS REQUIRED.

It is evident that a large proportion of the members of our school are convinced of the non-homœopathic action of high potencies, so large a proportion that they will soon feel called on, in order to define their position before the public, to announce their views of dynamization by a distinct declaration. They will be required to do this in order to defend themselves and the system they represent from the radical error into which homœopathy has been plunged by Hahnemann and his fanatic followers. It will constitute a movement to separate Hahnemannianism from sound homœopathy, and it is very desirable that such action be consummated without further delay.

A DISTINCT DECLARATION CALLED FOR BECAUSE DYNAMIC PRACTICE REPRESENTS ONLY ERROR.

The fact that dynamic practice is not dependent upon and has no connection with the proper application of the law of similars, is a sufficient reason for requiring its separation from that which is truly homœopathic. There is not the slightest objection to it when called by its appropriate name. Its false foundation having been demonstrated, it is not safe, wise or prudent to continue any responsible association therewith. The homœopathic school cannot afford to knowingly advocate error; and it ought not to allow this exceedingly subtle and specious theory a place among its recognized principles; neither can it expect to merit or receive the approval of medical men, if, after having discovered erroneous and subversive theories engrafted upon its system of therapeutics, its representatives have not the firmness of purpose to discard them.

Dr. J. H. Clemmer in ringing and truthful sentences describes the sentiments entertained by the low potency party, as follows:

"The theory of dynamization is a bastard offspring of homœopathy, whose ill-favored existence has brought the blush of shame to those who are forced to father it. This doctrine is passing away, soon to be recalled as the astrology of homœopathy. 'Potencies' are giving universal way to 'dilutions' and 'attenuations,' and leave nothing but a cicatrix upon the history of our school as a token of the falsehood it has perpetrated.

"High potencies are false in preparation, false in theory and false in practice. High potentists in urging their claims in conventions and journals thereby promulgate error, and embarrass the truth of homœopathy. The fact that the high potencies are fallacious is quite sufficient to determine that they are no part of homœopathy. Their support comes from the few who are quite busy in their favorite occupation.

"Imagine a great lumbering pyramid resting upon its apex, supported by a few Egyptians in order to preserve and perpetuate their idol. Such is the pyramid of high potencies. Iconoclasm is unnecessary. The weight of its own folly will, ere long, wreck this monument of shame.

"This doctrine is based on bold assumption, and conflicts with the grandest principle of modern science, the correlation and conservation of forces. It is in violent opposition to all reason and common sense, and its only effect upon homœopathy has been to impede its progress and stamp it with ridicule. The fallacy of high potencies is stamped upon their methods of preparation, whose history is nothing but a disgrace to all concerned. \* \* \*

"As I speak in behalf of low dilutions, I feel that I utter the thoughts and convictions of a large majority of homœopathic practitioners the world over. There is a deep seated sentiment against the fallacies of high potencies, which will not be hoodwinked or suppressed by the champions of dynamization. The day has fully dawned whose evening sun will not retire before this mooted question will be settled, not by us, but for us.

"There was a time when it was popular to advocate high potencies, and in certain sections it is still popular; but this popularity is being banished by the progress of truth. A new era is upon us. The immediate followers of Hahnemann are passing away. The fossiliferous class is making way for the coming generation of progressive workers. There need be no fears about our law of cure. If that were buried in oblivion to-day, it would be resurrected by the old-school to-morrow."

LONG EXPERIENCE WITH HIGH POTENCIES PROVES THEIR UNSOUNDNESS AND NON-HOMŒOPATHIC ACTION.

Many of the younger members of our profession who have been taught the sublimely ridiculous principles of

\* High Potencies, *U. S. Investigator*, Aug., 1892.

dynamization at our medical colleges, and many of the older ones too, who have had long experience in its application in practice, are convinced, by careful observation and patient investigation, that it is not an element of sound homœopathic treatment, and are ready to come out squarely on the side of true homœopathy.

Professor Huxley, in a public address, speaking of scientific training, lately said "It warns us that the assertion which outstrips evidence is not only a blunder, but a crime."

This is precisely the anomalous position in which homœopathy is being held by the advocates of high potency practice—"making assertions which outstrip evidence."

An esteemed correspondent in England, who has had long experience with this medical phantom, under date of October, 1883, writes:

"I began practice twenty-seven years ago as a moderate high dilutionist, using from the twelfth to the thirtieth potencies, and occasionally the two hundredth, and although I have always been a diligent student of the materia medica and individualized my cases, I have now become a low dilutionist, using from pure tinctures to the sixth potency, and with greater success.

"I do not dispute the curative powers of the thirtieth and higher potencies, neither do I affirm or accept them; but the evidence in favor of their curing diseased conditions of the system, is not, to my mind, conclusive; and even when they do not seem to cure, I do not believe there is any similarity between the *genus* of the drug and the disease, except in some isolated symptoms; in fact, that if they cure it is not in virtue of their homœopathicity."

This declaration squarely covers the case. High potencies do occasionally cure, at least cures follow their use; no one denies this; but they do not cure homœopathically. The cure is not a result of a proper application of the law of similars *i. e.*, from a correspondence, more or less exact, of symptoms of the disease and those of the remedy, hence is not homœopathic treatment. It is something else.

Another and younger physician writes:

"When I graduated from the Hahnemann Medical College of Philadelphia I regarded prescriptions lower than the thirtieth as harsh treatment; now to prescribe any remedy of a higher potency than the twelfth seems to me, to say the least, nothing else than expectant treatment."

Still another writes:

"I graduated from Pulte Homœopathic Medical College. Like all other students I was taught to believe in and practice dynamic medicine. I did both until independent thought inquired after and questioned the faith that was in me. I did not desire longer to labor under the ever-recurring suggestion that high potency claims were founded only in tradition. \* \* \* The work of opposing this error will weaken such sickly popularity. The day is coming when the high potency leaders will have to cater to homœopathy as opposed to dynamization. \* \* \* Unchecked dynamization will rise homœopathy to destruction. Stripped of foolishness (dynamization) homœopathy will secure recognition by all medical men. No wonder the old school hate us; my hate of dynamization is of the same kind and degree. I will not knowingly support a college or medical journal that subscribes to the doctrine of Hahnemannianism."

Another correspondent, one of the oldest members of the State Society, and its recent President, more than twenty years ago, at one of its annual meetings, related cures by the two thousandth potency. To-day he is an ardent opponent of such frivolous and irrational practice when it is presented under the guise and auspices of homœopathy. He recently wrote me:

"Most heartily do I sympathize in what tends to dissociate us from the embarrassments of error and the vapors of weak men. Under no circumstances in the future will I yield my convictions for the patchwork of a cheap and unsatisfactory peace."

The experiences of these true homœopaths are by no means exceptional ones.

A DECLARATION AGAINST DYNAMIC PRACTICE SHOULD NOT BE POSTPONED.

In view of the undeniable fact that dynamic practice is non-homœopathic, it is passing strange that action, such as is suggested by the proposed resolution, has not long since been taken.

Dr. Breyfogle, in his admirable address before the American Institute states:

\* *Nature*, 1880, page 547.

"A chief hindrance to the general and candid consideration of the truths of homoeopathy is the absurd doctrine, never taught by Hahnemann, of infinite dilution. We should endeavor to adopt some standard or limit for drug attenuation, and refuse longer to assume any responsibility for triturations and dilutions made in defiance of all reason, and to suit the caprices of men who are satisfied only when surrounded by impenetrable clouds of mysticism. There can be no reasonable objection urged against such action on the part of the Institute.

"When we remember that ninety-nine out of every hundred homoeopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal, and that the great clinical conquests of homoeopathy have been made, and nearly all the favorable legislation secured by them, we are astonished that some such action has not been taken long ago."

Dr. Luther Clark, in an article teeming with sound good sense, tersely states the reasons for separating dynamic from homoeopathic treatment, and giving it a distinctive name, as the following selections show:

"What new field of knowledge was ever explored without some early mistakes which had to be afterwards corrected? \* \* \* Hahnemann's mistakes, though great and most serious in their consequences, were such as were to be expected in the difficult work of first applying the new law in practice. No blame necessarily attaches to error, especially in earnest truth-seekers like Hahnemann and many who closely followed him. The blame rests upon those who see error, but do not exert themselves to correct it and prevent harm from it. \* \* \*

"It is very remarkable that a truth so self-evident and important has received so little attention, and that so little effort has been made to give the public correct ideas, or rather to correct false ideas, relative to homoeopathy. \* \* \*

"What do outside observers of homoeopathy see? They see among us in regular standing those who practice upon theories and by methods which are on their face unscientific, irrational, even absurd; some of them denying to their patients all aids outside of such theories and methods. They see these men recognized as members, perhaps officers, of our societies, and teachers in our colleges. Under these circumstances, can we complain of the estimation in which we are held, or of the treatment that we receive from the profession at large? \* \* \*

"The only excuse our school has had for so neglecting its duty to the community have been: first, the high character and sincerity of some of the believers in the dynamic theory; and secondly, our failure thus far to ascertain the real limits of the action of medicines in very small doses. To ascertain these limits is plainly a work of the utmost importance, and its difficulty does but partly excuse its being deferred so long.

"As to the believers in infinitesimals, who have in past time stood with us as disciples of Hahnemann and believers in *similia*, but have now set medicines entirely aside and are satisfied with their success let them, for their own advantage and for ours, adopt a distinctive name apart from homoeopathy." \* \*

#### THE PROPOSED RESOLUTION.

It is evident that Hahnemann was mistaken regarding the theories of dynamization, and that his followers are still perpetuating the same erroneous views and method of treatment. By the adoption of a declaration discarding high potency practice and giving it a distinctive name, we shall do what we can to correct a palpable defect. This is a procedure which is neither illiberal, dogmatic or censorious. It is a plain, practical disposition of a medical illusion; one which has handicapped homoeopathy until its very name, in some quarters, is held in derision among sensible, honest seekers after medical truth.

The objects had in view in our efforts to secure the passage of the proposed resolution are, first—placing ourselves right before the public; and secondly, arresting the teaching of spurious homoeopathic doctrines at our medical colleges. This last measure cannot be consistently carried out until the first is an accomplished fact.

We must first eliminate the error from our State and national societies; then we can bring our forces to bear upon the colleges, either by securing the removal of the professors who are promulgating the error, or better, by organizing and maintaining institutions which will truly represent sound homoeopathy.

The proposed resolution reads as follows:

Whereas, Long experience conducted by thousands of homoeopaths in the use of high potencies, has conclusively proved their unscientific, untrustworthy and non-homoeopathic character; therefore

*Resolved*, That there be established a department of dynamic medicine, the members of which shall be annually appointed in the same manner as those of other bureaux, to which shall be referred all reports of cases presented to the Society, or gathered from other sources, alleged to have been cured by attenuations higher than the twelfth potency..

#### DIPLOMA ENDORSEMENT.

MESSRS. EDITORS:—As an Ex-Chief of Staff of the Homoeopathic Hospital on Ward's Island, I cherish an abiding interest in that institution. As a graduate of the New York Homoeopathic Medical College, I certainly take pride in its highest prosperity. The successful working of the hospital must have its reflex, beneficial influence upon the college. Certainly there should be no clashing of interest between the two.

According to a law passed some two years ago, the graduates of colleges located outside of this State must have their diplomas endorsed by the Dean of some college within the State before such graduates can practice medicine in this commonwealth.

This endorsement was cheerfully performed for a time by Dr. Dowling, Dean of the Homoeopathic Medical College of New York, in behalf of the graduates of other homoeopathic colleges, and without a re-examination. We are told that under a recent rule of the college, all graduates from other States must pass an examination before their diplomas will be endorsed by the Dean. Now it seems to me that this plan will result in unnecessary hardship to those graduates from other colleges who may apply for the position of interne at the homoeopathic hospital.

These applicants are already obliged to pass examination before a Committee of the Medical Board, before they can secure an appointment.

If they graduate at other homoeopathic colleges of well-established reputation, and if they pass a satisfactory examination before the Committee of the Medical Board, it seems to me that their diplomas should be willingly endorsed by the Dean of the New York College.

Every physician knows the mental strain which one incurs while passing through the ordeal of a medical examination.

If these strains are to be oft repeated, young graduates will hesitate about making application for the position of interne at that institution which is the pride of all New York State homoeopaths.

One-fourth of the Medical Board of the Homoeopathic Hospital, one-half of the Consulting Board, and one-fifth of the Committee on Examinations are, at the present time, we are told, members of the New York College Faculty. Such being the case, why may not an arrangement be effected which shall, at least, combine the examinations required by the Medical Board and by the College Faculty, and thus render necessary but a single examination?

It should be, and doubtless is, the desire of the Medical Board to secure the best young men in the profession for Internes at the hospital. This can only be accomplished by opening the doors to competition for the positions equally and impartially to all.

I trust that the fairness and justice of my suggestion will be apparent, and that by a harmonious and mutually satisfactory arrangement the matter of endorsement of diplomas by the Dean of the N. Y. Homoeopathic Medical College Faculty for those who may become internes at the hospital will be agreeably settled.

Very truly yours,

SELDEN H. TALCOTT.

[It seems to many observers that the arbitrary rule adopted by the college above referred to, will eventually recoil upon itself, and instead of benefiting, do its parent harm. The absurdity of requiring graduates of first-class universities to undergo further examination at

\* "The Work Before Us." NEW YORK MEDICAL TIMES, December, 1892, page 373.



the hands of those who cannot be classed as their superiors, must be apparent, and we feel confident was not the intent of the law. That a college should have the right to make exception in respect to a particular class of diplomas is undoubted, but that all should be tabooed savors of autocratic superiority, the assumption of which, in the present case, is not sustained by circumstances and conditions.

Give us a good State Examining Board, and then the colleges will all stand on a par, and will have no opportunity to retaliate against each other. We understand that the Medical Board has made arrangements for the endorsement of the diplomas of its successful candidates, without the annoyance of the examination referred to.—Eds.]

### A REVISED MATERIA MEDICA.

MESSENGERS EDITORS:—It appears to be only too well ascertained that the "Encyclopædia of Materia Medica," edited by Dr. T. F. Allen, cannot be regarded as reliable. The work has been done too hurriedly; the literary hacks employed upon it have had too much confidence placed in them; and the editorial supervision has been inadequate. It was not merely "run," it was "rushed" through the press. We here were simply astounded at the rapidity with which volume followed volume—and satisfied ourselves with setting it down to that marvelous motor power—Yankee energy! Little thinking at how great a cost this appearance of energy was being purchased! The danger now is, that the whole work may be set aside in disgust. This would be a great pity. How, then, can the work done by Dr. Allen and his friends be turned to the greatest advantage? Permit me through your columns to suggest a plan:

First of all, the whole work must be reduced in size. It contains pathogeneses of between 700 and 800 drugs. Of these, about 160 are more or less in frequent use, and have a more or less marked influence over the health of the body. Of the remainder it may be safely said that few are ever, and some never prescribed.

Secondly. The articles on many drugs may very advantageously be reduced in length. Take, for example, *arsenic* and *opium*. Numberless cases of poisoning by both drugs are recorded; the larger proportion of which teach the same facts. There is no need to encumber the record with such numerous repetitions. A selection carefully made would be of great use.

Supposing, then, the first one or two volumes of Allen's "Revised Encyclopædia of Pure Materia Medica" were limited to 160 of the best and most useful medicines. I would suggest that the revision of them be entrusted to 80 physicians, selected by the Bureau of Materia Medica of the Institute. Each physician should take charge of one, two, or three medicines, according to the number of references to be examined. Every symptom given in Allen should be traced to its original source, re-examined and re-translated; examined, compared, corrected, and when necessary, abridged; the reviser should then append his name to the work, and be held responsible for his accuracy.

I know that in limiting the work to 160 medicines, many would be omitted which some medical men regard as indispensable. But in the first place, these gentlemen can still go to Allen; and, secondly, if this experiment succeed, a second batch of pathogeneses can be revised. Only, first of all, let the interests of the greatest number be considered and satisfied.

If this matter were taken in hand at once, the whole MS. might be read at the Niagara meeting of the Institute next June.

I am, Gentlemen, your obedient servant,

ALFRED C. POPE, M.D.,

Hon. Mem. Am. Inst. of Hom.

13 CHURCH ROAD, TUNBRIDGE WELLS, }

Nov. 15, 1882.

### "HOMŒOPATHIC OR SPECIFIC?"\*

MESSENGERS EDITORS: In his communication to the last current number of THE TIMES, Dr. Piffard is mistaken when he says: "Dr. Price apparently endeavored to accept my challenge to compare the pathogenetic effects of mercury and syphilis." Dr. Price did not accept Dr. Piffard's challenge, nor had he any intention of so doing; he simply collected a few facts which he respectfully submitted for Dr. Piffard's perusal, with the hope that possibly the latter gentleman might find some relation existing between the effects of mercury and the results of syphilitic virus, of which he was ignorant; and Dr. Price hoped that such a compilation would answer his purpose quite as well as any "synoptical table" he might prepare. I am, therefore, disappointed, if my efforts have not been satisfactory to Dr. Piffard.

The Professor takes exception to my having mentioned other effects of mercury than those simply which are supposed to resemble syphilis. He says: "A number of other symptoms of mercury adduced by Dr. Price do not find their counterpart in syphilis, so far as my reading and personal observations go."

Neither did Dr. Price introduce all of these symptoms as having "their counterpart in syphilis," nor did he say or mean that mercury would develop the analogue of every symptom that has been produced by the venereal virus, nor did he mean that the results of mercurial poisoning are identical with those of syphilization; but he did mean that mercury will produce a large number of symptoms which closely resemble those of syphilis, and that when such a group of symptoms do occur, mercury will cure them.

The sphere of mercury is a large one, and cannot be circumscribed by syphilis or any other one form of disease.

My quotations from Hughes referring to "*balanitis*, *balanorrhæa*," "small red vesicles," "measly eruption," "catarrhal complications," etc., were simply made incidentally, to show a more perfect picture of mercurial poisoning, from which symptoms analogous to syphilis could easily be noted.

It was my intention to let Dr. Piffard detect the resemblance between the pathogenesis of mercury and the pathology of syphilis, but if he will not, or cannot do this, I must decline to assist him further.

I acknowledge my temptation to levity at "the spectacle of Prof. Stillé arguing in favor of the homœopathicity of mercury to syphilis, and Prof. Allen arguing against it," but fortunately for science, the simple opinions of men are of very little moment—it is facts that we seek.

Although Dr. Allen may not believe in the unqualified homœopathicity of mercury to syphilis—and neither can any scientist—yet he does not believe it to be entirely unhomœopathic. I take the liberty of quoting from a letter lately received from Dr. Allen upon this subject, in which he remarks: "Mercury is homœopathic to certain (though rare) expressions of syphilis."

Having thus further explained myself, I must let my letter in the November number of THE TIMES stand as an explanation of my belief of the relation of mercury to syphilis.

ELDRIDGE C. PRICE, M.D.

BAITIMORE, Dec. 13, 1882.

### "SEXUAL HEMICRANIA."

MESSENGERS EDITORS:—The criticism of your foot-note to my article on Sexual Hemicrania is valid, and I am truly obliged for it. The article is not sufficiently specific and should be amended by saying that the headaches which have troubled the patient "so far back as he can

\* In Cruik's recent work, page 448, we find the following:—"Kussmaul (1866) and Virchow have had little difficulty to prove, from a thorough study of mercurialism, and a histological investigation of constitutional syphilis, that there exists no analogy between the accidents caused by mercury and those which belong to syphilis."—Eds.



remember," have not been, from the beginning, of the fully developed and regular type described in the article. His headaches have increased from childhood up in the matter of frequency, intensity and multiplicity of symptoms, but attained the point of development described only since 21 years of age, or thereabouts. If you can find room for this little correction, it would be a matter of satisfaction for me to feel that the many readers of your valuable journal would not retain any impression that I had made a careless blunder.

Very truly, R. W. CONANT, M.D.  
CHICAGO, Nov. 15, 1882.

## SOCIETY REPORTS.

### MEDICAL SOCIETY OF NORTHERN NEW YORK.

(Continued from page 295.)

*Eupatorium perfoliatum*. The doctor had cured two cases, the present season, with *eupatorium perfoliatum*, 2d. One of these had been previously unsuccessfully treated with *quinine* by another physician.

*Natrum mur.* He has tried various plans; has treated three or four patients by as many different remedies. The last case was cured by *natrum mur.* 6th.

Dr. Waldo believed that a mistake is frequently made by attaching too much significance to unimportant symptoms—as whether there is thirst during the cold or the hot stage, or the hour of the day or night at which the paroxysms occur. He considered the chill, the fever and the sweating to be the essential evidences of the disease, and that these, recurring at stated intervals, constituted its type, the true *similitudo* of which is *cinchona*; it is, therefore, an error for physicians to assume that they do not cure their cases homœopathically, when they give *quinine*.

*Quinine*.—The method recommended by Dr. Ingalls, is the administration of five grains of *quinine* at the inception of the hot stage. This plan almost uniformly arrests the paroxysms for one month, and often permanently.

There are in every community where malaria prevails, many mild cases in which a second chill never occurs, hence it is not wise to begin the treatment of such attacks with large doses of *quinine* or *cinchonidia*. It is a better plan to wait until its periodical character has become sufficiently developed to clearly indicate its intensity and type.

*Aconite*.—Relief from the severity of the chill is an important desideratum. *Aconite* is one of the chief remedies both for the chill and the consecutive fever. It promotes perspiration, and equalizes the circulation.

It has been intimated that it is fashionable to ascribe every diseased condition, from whatever cause, to a malarial origin; an attack of toothache, a slight cold, rheumatism and neuralgia, are frequently traceable, it is said, to this germinal source. Whether this is true or not, it is certain that the disease, at the present time, is exceedingly prevalent throughout the country. It is estimated that from twelve to fifteen hundred cases have occurred during the past seven months in the village of West Troy, containing a population of twelve thousand.

*Quinine*.—Dr. Muir had been in the habit of resorting to the use of *quinine* as soon as the distinctive characteristics of the disease were apparent, but he had never found it necessary to give it in doses of more than half a grain or a grain, repeated at intervals of two or three hours. He never gave it during the chill; in fact, never gave any medicine at that time.

*Arsenite of Eupatorium*.—Dr. Coburn had suffered during the summer from a prolonged attack of typhoid fever, hence could speak from personal experience so far as relates to that form of malarial disease. While it must be acknowledged that malarial diseases are more than usually prevalent throughout the country, he is not

prepared to admit that nearly all known maladies have their origin in this germ. It appears to be a favorite custom with many to ascribe nearly all severe cases of disease, as well as the more trivial attacks of common headache or sore throat, to the influence of malaria. He has not met with many uncomplicated cases of an intermittent type, hence his experience is quite limited; should he, however, have occasion to treat such cases he would make a thorough trial of the remedy prepared by Dr. Vincent, of Springfield, Ill., the *arsenite of eupatorium*. This remedy has proved very successful in the hands of physicians in Brooklyn, relapses, after its use seldom occurring. He considered *quinine* purely homœopathic to intermittent fever, whether administered in large or small doses.

*Gelsemium; cinchonidia*.—Dr. Howland has had large experience in the treatment of malaria; gives less attention to the time of the chill and duration of the fever than to the general condition of the patient; is of the opinion that it is not essential to determine the time of appearance of the chill, the presence or absence of headache or its character, the presence or absence of nausea, pain in the limbs or condition of the digestive organs. These are unimportant. Has found *arsenicum, nux vom., ipecacuanha, pulsatilla* and *eupatorium*, chiefly useful in effectually controlling the disease, often curing cases with one or two of them, without the use of *quinine* or *cinchonidia*, but if either is required, prefers the latter. Has found *gelsemium* more useful than *aconite* for the relief of these symptoms during the chill and fever.

Dr. DevoI stated that although few cases of intermittent have occurred within the limits of the city of Albany, there are many of fever of a malarial origin, evidently occasioned by the presence of sewer gases. This source of malarial disease is by no means confined to Albany; it is present to a greater or less extent in all cities, and even in country towns and farm houses, where sewage is allowed to accumulate on the surface of the ground or in carelessly constructed cesspools which in time become a permanent source of disease, by contaminating both air and drinking water in the vicinity thereof. Neglect of the use of well-known sanitary and hygienic precautions is a constant source of malarial diseases, in country places heretofore supposed to be salubrious, as well as in densely populated cities.

*Quinine*.—He advocated the use of *quinine* in moderate doses, but often found it insufficient in feeble persons, in which cases removal to a non-malarious location appears to be the only alternative.

### ERRORS OF REFRACTION; HYGIENE OF THE EYE.

Dr. G. S. Munson, of Albany, read an able and instructive paper on "The Errors of Refraction and Hygiene, in Relation to the Eye." The doctor described the action of the different sets of muscles of the eye, and showed how deficient, irregular or inharmonious movements resulted in the various forms of visual abnormalities. Want of harmony results from undue tension of some muscles, and weakness or unsteadiness of action on the part of others—both of which supervene upon loss of nervous energy. He also illustrated, by means of a finely-constructed model, the defects of vision which result in near-sightedness, far-sightedness and irregular sight. He also showed that many cases of headache, dizziness, nausea, and even inflammation of the eyes, may be frequently relieved by correcting the errors of refraction.

The doctor concluded his interesting paper by reciting the following hygienic rules for preventing impairment of sight, and also other reflex manifestations growing out of the defects previously described.

- 1st. Avoid close application of the eyes in poor light.
- 2d. In using the light it should fall on the work from the sides.
- 3d. Avoid using the eyes while recovering from severe illness, or when suffering great bodily fatigue.
- 4th. Avoid those habits, the tendency of which debilitate the system, especially alcohol and tobacco.
- 5th. The young should freely exercise in the open

air. Education at the expense of a shattered constitution and ruined eyesight, is dearly purchased. 6th. Sit erect and hold the book from twelve to eighteen inches distant. Nothing is more harmful than to read stooping over or lying down, as thereby congestion of the eyes and impaired vision, particularly near-sightedness, may be produced, especially in youth. 7th. Do not use the eyes continuously at near work too long a time; allow occasional periods of rest. 8th. Secure the correction of errors of refraction, near-sightedness, far-sightedness and other forms of irregular muscular action, with proper glasses, and the earlier the better.

#### TREATMENT OF DIPHtheria.

*Hydrate of Chloral*.—An extract from a letter written by Dr. Allen of Lawersville, was read by the Secretary, showing that a solution of *hydrate of chloral*, from fifteen to thirty grains to the drachm of water, the strongest solution being employed in adult cases, would speedily remove diphtheritic deposits from the throat. It is applied by means of a brush, at intervals of two or four hours. The doctor states that the densest coating of membrane seldom resists the second or third application.

*Chloride of Lime*.—Dr. Howland has made use of a solution of *chloride of lime*. When diphtheria is prevalent, he keeps a saturated solution of the chloride on hand. About one drachm of this solution, carefully filtered, is placed in the cup of a steam atomizer, and then fill the cup with water, care being taken to have the vapor pass over strong enough to be unpleasant to the patient.

*Corrosive Mercury and Chloride of Lime*.—Dr. Mosher has seldom failed in curing a case of diphtheria, however malignant, by means of the second attenuation of the *bichloride of mercury*, and a saturated solution of *chloride of lime*. These are given in alternation, at intervals of one or two hours.

*Lactic Acid*.—Dr. H. S. Paine spoke of the great benefit to be derived from the use of a solution of *lactic acid* for the prompt removal of the diphtheritic deposit. The solution should be made of sufficient strength to have decidedly acid taste. In young children it may be swallowed; in those old enough, it is to be used at short intervals, in the form of a gargle.

*Chlorine*.—Dr. Devol had confidence in *chlorine* in any form, *chloral hydrate*, *chloride of mercury*, *chloride of lime*, *chlorate of potash*, *chloride of iron*, and numerous other favorite preparations containing *chlorine* in various combinations, all are more or less of service in the treatment of diphtheria. He has used with great benefit a gargle of *marsh rosemary root* (*Ledum*), and *chlorate of potash*.

#### DANGERS FROM IMPROPER FEEDING OF SWINE.

Dr. Waldo read the following paper, entitled "Danger Resulting from Feeding Slaughter-House Offal to Swine."

"From conversation with butchers and proprietors of slaughter-houses and from personal observation, I am led to believe that slaughter-house offal is generally fed to swine. I wish in this paper briefly to point out some of the dangers from so disposing of it, and to recommend that some action be taken in the matter by the proper authorities.

"The greatest danger is where *swine* are butchered and the offal is fed to *other swine*. The hog is probably the original host of the *trichina spiralis*, and certain it is that not infrequently one is found infected with that parasite. The mode of development of this parasite is now well understood. It certainly can be acquired in no way except by either eating the ova of the *trichina spiralis*, or by eating pieces of flesh containing the fully-developed worm. It is seldom acquired by the former method. When a piece of flesh containing the encapsulated worms is eaten, uncooked, by any animal, as soon as it reaches the stomach the capsule is digested and the worm set free. After remaining in the intestine

about seven days, the females give birth to a countless number of living embryos, which soon emigrate to all parts of the muscular system.

"If the refuse matter resulting from the dressing of an infected hog be fed to other hogs, it is almost certain that they will all of them become infected. It is beyond question that in this way alone is the disease propagated and perpetuated among swine. The observations of Heller and Zenker, on this point, will probably be accepted as conclusive.

"If the disgusting practice of feeding the refuse of slaughter-houses to swine were discontinued, it is probable that *trichina* would soon be numbered among those diseases from which the human family no longer suffer.

"Another danger resulting from the feeding of slaughter-house offal to swine is the likelihood of developing the germs of the different varieties of tapeworms. The *tania solium*, the most common variety of tapeworm, is caused by eating *measly pork*, or in other words, pork infested with the *cysticercus*. It is evident that if the uncooked remnants from an infected hog were fed to other hogs, they would develop tapeworms. Segments of these worms being eaten by other swine running in the same yard, they would become infected with the *cysticercus cellulosus*, and all persons eating their flesh would run great risk of contracting tapeworm.

"The *cysticercus* of the *tania saginata* is originally found in the cow, and when the offal from cattle butcheries is fed to swine, it is evident that this larger variety of tapeworm will be developed as certainly as the *tania solium* is developed as described above.

"The disease familiarly known as hydatids, or more scientifically as *echinococcus*, is but the *cysticercus* state of a small tapeworm, the *tania echinococcus*, which infests the intestine of the dog. Sheep and other animals that associate much with dogs, very readily acquire hydatids, and the feeding of the refuse, at their butchering, to swine will open the way for the development of *tania echinococcus* and hydatids in the swine, and, through them, in the human family. Many cases of hydatids are undoubtedly acquired in this way. In view of these facts, should not legislative action be taken to prevent the feeding of slaughter-house offal to swine?

"My attention was first called to the dangers which the people of this State incur from this source while I was investigating the causes of the contamination of the water supply of the village of West Troy. It was found that not only was the liability to disease of the swine greatly increased by this mode of feeding, but that on account of the location of the slaughter-house and yard, drainage flowed immediately into the reservoir which supplied the village, thereby forming a double source of contamination and danger."

A resolution was adopted requesting the doctor to continue these investigations, and report the result at future meetings of the Society.

#### DRUG PROVING.

Dr. H. M. Paine, in extended remarks, spoke of the desirability on the part of the Society, of entering upon the work of the proving of drugs. He said in substance, that the work of drug proving was one in which all physicians who desire to promote original and scientific investigation can render service that will be of advantage to themselves and of permanent benefit to mankind. An accurate, carefully compiled and properly arranged proving of a single drug, when once completed, is finished for all future time. It constitutes a permanent contribution to medical science. It is worthy the highest ambition of any association of physicians.

Investigations pursued with a view of increasing the store of pathological knowledge, and of determining the causes and prevention of diseases are essential, and of recognized value. The opportunities, the proper instruments and the necessary time required in order to pursue

successfully special studies in the directions named, are not and never can be made available by large numbers of the profession. The proving of a drug, however, is a method of work which ranks equally in importance, and one in which every medical man, personally or by proxy, can render his quota of original and useful labor.

Let us then, particularly the younger members, enter upon this essential department of service with alacrity, zeal and perseverance, and thereby add new evidence on the part of the membership of this Society, of a desire to promote the highest interests of medical science.

The proving, in its totality, or in its several groupings, represents artificial morbid conditions, which should correspond to, and constitute a counterpart of, some form of actual disease. One occurs, so to speak, spontaneously; the other, as an artificial creation. The nearer one corresponds to the other, except in mechanical or organic lesions, the greater the probability of a complete and radical cure.

It follows that, in compiling the provings great care must be taken lest the picture of the disease created by the drug fail to correctly represent some form of disease met with in practice. The construction of the artificial diseases in their totality or groups of symptoms, must faithfully represent actual diseases, and must be so arranged as to be clearly distinguished one from another, in order to be made readily and accurately available in practice.

It is evident that the present plan of arranging the records of provings by organs, inaugurated by Hahnemann and followed without change to the present time, is extremely faulty, and is, therefore, susceptible of decided improvement. In his efforts to shun the old-school error of prescribing for and treating diseases by name, Hahnemann ran into the opposite extreme, that of treating symptoms only. The prominence which he gave to symptomatology no doubt prompted him to classify provings under the head of the organs of the body, an arrangement the direct tendency of which is to defeat the object intended to be accomplished. The separation of the symptoms and classification of them under the several organs, breaks up and greatly obscures the natural evidences of the artificial disease represented by the proving.

When we listen to a recital of symptoms from which a patient is suffering, in spite of any effort to the contrary, we instinctively attach to them a specific name. In like manner when results of provings are being arranged for use, in order to be made homœopathically available, they should be so constructed in groups or as a whole, as to represent some particular disease met with in practice; that is to say, the natural disease artificially produced by the proving should bear the name of some natural disease occurring spontaneously.

This having been accomplished, we shall have the *belladonna* brain fever, the *belladonna* scarlet fever, the *belladonna* sore throat, etc., not as now represented in our text-books and works on *materia medica* by the symptoms of the several organs, but by the totality of the symptoms so arranged as to present, as a whole, the particular physiognomy of the diseases for which they are homœopathic.

The plan of breaking up the provings and the arrangement of the symptoms by organs, often places in remote classes symptoms which nature has grouped together, thereby annulling the evidence growing out of association, natural grouping and close relationship, which are essential to the successful application of the law of similars. It disintegrates that which nature has placed together, and ever thereafter enables us to see only fragments of the harmonious whole, which, in order to secure completeness, reliability and scientific precision, should have been preserved intact.

Whether the proposed arrangement is practical and is an improvement on the present system, can be determined only by repeated experimental tests; it is one,

however, that would appear to be worthy of thorough trial. He hoped the Society would enter upon the work with zeal and with an earnest desire to contribute its quota to the store of original scientific work in this department.

The Central Ohio Homœopathic Medical Society has given evidence of its purpose to take active measures in the direction named, and has offered valuable prizes for the best provings. The committee appointed to superintend the work has issued a circular, from which the following extracts, with some modifications, are selected, and are recommended for adoption by this Society:

#### THE OBJECTS TO BE ATTAINED.

1st. To increase professional interest in drug proving, by inducing a general participation in this department of therapeutic research. 2d. To secure a union of effort now being put forth by isolated individual provers, and the concentration of it on drugs of decidedly active qualities, thereby greatly increasing its aggregate value. 3d. To elevate the scientific standard of such work, by securing a series of provings conducted in a uniform, systematic and thorough manner.

#### INDUCEMENTS FOR ENGAGING IN THE WORK.

1st. The benefits which necessarily accrue to humanity, and to the physician himself. 2d. The reputation for study and close observation to be gained. The names of provers, when desired, will appear in connection with their own provings. 3d. Provings carried to the extent of producing toxic effects are seldom required, hence physicians need not be incapacitated thereby for professional duties. 4th. The assistance of patients and friends can be frequently secured, a source from which the physician may often obtain large supplies supplementary to his own provings. 5th. Every physician who has time and opportunity will promote his own medical education by observing the effects of drugs upon the healthy organism. A thoroughly practical insight into the physiological effects of drugs upon the human system, is seldom, perhaps never, acquired except by personal participation in the work of drug proving.

#### DIRECTIONS FOR CONDUCTING PROVINGS.

1st. *How Records are to be Kept.*—Each prover should keep a separate record of symptoms, carefully written upon one side of each sheet, and punctuated. The sheets should be of uniform letter size, and numbered.

2d. *The Potency to be Used.*—Any potency, from the tincture to the tenth may be used. In all cases the potency given, the hours and methods of administration, must be recorded daily.

3d. *Directions to Provers.*—Prior to beginning the proving the prover should enter on the record his name or initials, age, sex, condition of life (married or single), height, weight, color of eyes, hair and skin and temperament, habits of life and use of stimulants, and such items of personal history as may have a bearing on his health.

If the prover is a married woman she should state whether pregnancy has ever occurred. It is not probable that a pregnant woman or one nursing a child would desire to engage in the work of proving a drug. Should, however, such an instance occur, the condition of the prover should be fully described.

In case the prover is not a physician, the foregoing entries should be made by the physician under whose supervision the proving is to be conducted; who should also make such a physical examination of the prover, including all the important organs of the body, as to satisfy himself of their healthy condition, and enter the result of his examinations on the record.

In order to avoid the liability to error by the entry of spurious symptoms, the prover is requested to keep a daily record for at least a week before beginning the use of the drug, of all abnormal sensations or conditions



which he may observe, precisely as he is expected to do during the proving.

In order to still further guard against error it is important in the cases of persons other than physicians, who are of a highly nervous temperament, to test the imagination of the prover, for a week or ten days by the administration of *saccharum lactis*, at the same time requiring them to enter on the record any symptoms which they may experience.

Persons who are not physicians are not in any case to be informed regarding the name or qualities of the drug which they are proving.

Each prover should be kept under observation, and the record continued at least thirty days after the discontinuance of the drug.

No antidote to the symptoms should be given, if it is possible to avoid its use.

It is not expected that any except reasonably healthy persons will engage in the work.

It is desirable that the aid of female provers be secured when practicable.

One physician can usually watch and direct provings conducted by five or more persons at one time.

4th. *Directions for Recording Proving.*—The prover should enter on the record as minute and accurate a description as possible of all sensations, conditions and experiences which are plainly ascribable to the drug influence.

The record should show the hour of appearance and disappearance of symptoms, conditions, aggravations and ameliorations. The registration of all these symptoms and conditions should be made as nearly as possible at the time of occurrence. If symptoms are absent on any day, an entry to that effect should be made.

Persons other than physicians should, if possible, report daily to the physician under whose supervision they are acting. It is expected that they will receive from the physician full and explicit instructions regarding the importance of completeness and accuracy in recording in detail the various morbid manifestations to which they may be subjected by the proving.

The physician should also enter on the record, daily when practicable, the results of his examinations, and append his name or initials thereto. He should make physical examinations of the provers, at least weekly, and more frequently if required by the number and importance of the pathogenetic indications. It is also recommended that in these examinations special attention be given to the evidences of functional or organic lesions of all the organs and tissues of the body; also the general and mental symptoms. The record of the latter should not be left to the prover; the physician is alone capable of accurately recording the mental symptoms.

The method of examination should be stated; also whether physical examinations of the chest and abdomen, and ocular or digital explorations of the rectum and uterus are made, and name the instruments, if any, which are used, as also the reagents employed for testing the urine.

If the entire record is kept by the physician, the prover being purposely or otherwise uninformed of the name and nature of the drug under trial, the fact should be stated.

These conditions and instructions are intended to be suggestive rather than authoritative. The largest liberty consistent with the attainment of the best results is freely accorded to all participants in the work.

5th. *Diseases which the Proving Simulate to be Described.*—At the conclusion of the proving the physician is particularly requested to write out as full and explicit a statement as he is able, setting forth at least an outline of the diseases and characteristic conditions which the provings closely resemble, and for the cure of which the use of the drug may be specially applicable.

Inasmuch as the homoeopathicity of drugs appears to be found in the resemblance to prevailing diseases in the totality of the evidences thereof, rather than by the

effects upon single organs or tissues, it is hoped that physicians will make special effort to comply with this request. Any corroborative clinical evidence of the utility of the drug should be also appended to the report.

7th. *Destination of Proving.*—A copy of the complete record of provings, the concluding recommendations pointing out their probable application in treating diseases and clinical verifications thereof, should be forwarded, a few days prior to the annual and semi-annual meetings of the Society, either to the secretary or to the chairman of the standing committee on materia medica.

Dr. Paine further stated that a patient who had been a life-long sufferer from violent and frequent attacks of sick headache, presented him with the following printed recipe, found on a small vial, the contents of which had repeatedly proved very efficacious, and was the first remedy that had afforded any decided relief:

"*Boletus laricis* (*Europæus*) *agaricus albus*, eight ounces; *dioscorea villosa*, three and a half ounces; *euonymus* (*Europæus*), three ounces; *rectified spirits*, one and a half ounces." Patients are directed to take five drops every morning before breakfast; during an attack of headache, five drops at intervals of two hours, and are cautioned not to take an overdose.

The Doctor further stated that his son, having recently procured in Europe a supply of the fresh plant of good quality, he had prepared a tincture, from which if the Society so ordered, he hoped provings would be made.

A resolution was then adopted endorsing the sentiments advanced by the secretary, and recommending that trials of *boletus laricis* be made by members of the Society.

#### TAPEWORM.

Dr. Devol stated that after the use of various compounds he had found the following an unfailing method for the prompt destruction and removal of *tænia solium*: Extract of *male fern*, twenty grains; sugar, half an ounce. To be taken in one dose at bed time. In the morning the following infusion is to be taken, fasting, in three doses, at intervals of half an hour: *bark of pomegranate root*, three ounces; *kousso*, half an ounce; sugar, two ounces; water twelve ounces.

#### CONSTIPATION.

Dr. Devol deprecated the frequent use of cathartics for the relief of constipation, their continued administration commonly resulting in an aggravation rather than improvement. He had found great relief from the use of flax seed, one ounce of which, ground or unground, is to be placed in a pint of hot water, and drank either on retiring at night or before breakfast. This amount is to be taken daily. As soon as one portion is taken, another, for the following day, should be prepared. The preparation becomes fully saturated by standing, and its laxative properties are thereby increased. It appears to act as a harmless and healthful remedy. In the Doctor's long experience this preparation has proven more efficacious than any other remedy that he has ever prescribed.

#### ABRASION OF THE SKIN.

Dr. Devol recommends the application of a mixture of glycerine and the yolk of egg.

#### FLANNEL BANDAGES.

Dr. Devol has of late years resorted to the use of flannel for bandages and rollers in all cases of varicose veins, anasarca, chronic ulcers, and in any condition of the limbs or abdomen requiring support. Rollers made of flannel, being somewhat elastic, are more comfortable, keep their position, and afford better and more uniform support than those made of any other kind of material.

#### MISCELLANEOUS.

Dr. French, in earnest and forcible words, spoke of the instruction he had received and the pleasure he had derived from attendance at the meeting; and stated that



the sentiments advanced in his opening address were expressions of deep conviction and a desire to plainly set forth his views regarding the only sound and reliable therapeutic principle in medicine.

Dr. Devol expressed great satisfaction and pleasure in listening to the remarks of the several speakers. He had derived therefrom many practical hints, which he intended to apply in practice. He had learned early in professional life that tact and skill were constantly required in order to the attainment of success. In one of his early experiences, more than fifty years ago, he attempted in vain, after repeated trials, to extract a large molar tooth, which an older physician, happening in with the same instrument, extracted with apparent ease.

The Treasurer presented a report, showing an indebtedness of \$19.61.

A resolution was adopted providing for increasing the annual dues to one dollar, and the dues for the first year to two dollars.

Drs. P. W. Mull, W. C. Garnsey, David E. Collins, Anna C. Howland, R. F. Benson and Robert Kennedy, Jr., were elected to active membership.

Drs. S. H. Talcott, of Middletown, M. O. Terry and F. F. Laird, of Utica, were elected to honorary membership.

The officers elected for the ensuing year are: Dr. P. W. Mull, of Ghent, Columbia county, President; Dr. W. C. Garnsey, of Gloversville, Fulton county, Vice President; Dr. H. M. Paine, 105 State street, Albany, Secretary and Treasurer; Drs. H. L. Waldo, W. W. French, R. Slocum, C. J. Farley and G. E. Gorham, Censors.

A resolution was adopted providing for holding the annual meetings of the Society on the second Wednesday in October, and the semi-annual meetings on the second Wednesday in April.

There were twenty-one physicians present, embracing resident members from the counties of Albany, Greene, Dutchess, Columbia, Rensselaer, Washington, Saratoga and Fulton.

The semi-annual meeting of the Society will be held at Troy, on the second Wednesday of April, 1883.

H. M. PAINE, Secretary.

## THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PA.

### AN EPIDEMIC OF TYPHOID FEVER.\*

By C. H. HOPMANN, M.D., PITTSBURG, PA.

The prevailing epidemic in the hill district and out Penn avenue, by some called typhoid fever and by others typho-malarial, commences, as a rule, in the same way as a cold.

There is headache, generally frontal, malaise, pains and stiffness in the limbs and loss of appetite. This, in about a week's time, is followed by fever, the temperature, as a rule, not exceeding 103° F. With the fever there are loose evacuations either of a yellow, mushy, or brown, watery in character, and painless. There is generally pain and sensitiveness of the ileo caecal region or it may be ill-defined extending over the whole abdomen; there is meteorism, the tongue is heavily coated and the appetite gone. The patients are, as a rule, not confined to their beds longer than two weeks.

These symptoms correspond to those of typhoid fever, with the exception of the duration of the attack. Some physicians, on this account probably, have called it typho-malarial fever.

Wilson in his treatise on Continued Fevers, Wood's Library, p. 196, quotes Woodward as saying that: "Typho-malarial fever is not a specific or distinct type of disease, but the term may be conveniently applied to

the compound forms of fever which result from a combined influence of the causes of the malarious fevers and of typhoid fever." In this fever there are no signs of intermittent or malarial fever, and every symptom corresponds to a typhoid condition.

It is true, some of the cases are extremely light, as for instance the following: On Nov. 16th, a lady came to the office, saying that her daughter, a child of about eight years, had a high fever and dry skin, was sleepy and averse to motion, the abdomen was sensitive and the tongue was heavily coated. *B.*—*Bry.*

On November 20th she reported at the office again and said her daughter was much better, but her tongue was still coated and she had little appetite. She had been having brown, watery, painless stools, but they had ceased. *Bry.* was again prescribed and in a few days the child was well. She was not confined to bed from first to last.

From the symptoms elicited I cannot make this case anything else than an exceedingly mild form of typhoid fever.

Such cases may cause the physician to doubt whether it really is typhoid fever that is now so prevalent. But these doubts will be quickly dispelled if he is so unfortunate as to be called to treat a case like the following:

This was a young man of eighteen years of age. He was at the office November 15th, complaining of headache, chilliness and weariness, and for these conditions I gave him *bry.*

November 17.—I was called to see him. He was in bed and sweating profusely. He had still a severe headache, a slightly coated tongue but no appetite. *B.*—*Bry.*

November 18.—He was much the same. His tongue was now brown and dry with red tip and edges. *B.*—*Rhus.*

November 25.—I was called in haste at 10 P.M., as he was having fainting spells every fifteen minutes. I ordered sherry wine to be given him and the dejections to be watched. They had been brown, watery and painless up to this time.

November 26.—The stools were the same as before, but had not the tarry character that was to be expected in a threatened hemorrhage.

November 29.—He had been on *rhus* up to this time, but for his mental symptoms he was given *baptisia*.

November 30.—The fever was greatly increased and he was put on *rhus* again.

December 1.—I was called hurriedly in the afternoon, as he had been having several hemorrhages from the bowels. He had passed at one time half a chamber full of blood. *B.*—*Arsen.*

December 2.—The hemorrhages continued at a frightful rate and, in consultation with Drs. Burgher and Seip, it was decided to give *arsen.*, third trit.

December 3.—I found him completely exsanguinated, cold and pulseless. Died. A glance at the temperature table shows that this patient started out with a temperature of 103.7°. This continued three days, when it fell to 102° and did not rise above 103° again until November 29th, the date the *bapt.* was given, when it rose to 104.5° and 105°. On the first day of the hemorrhages it fell to 103° in the morning, and on the second morning to 101.3°. This case was a light one up to the day before the hemorrhages set in. There was never complete delirium until the day he died. There was, at times, a partial delirium, but when spoken to he would be perfectly rational.

In quite a proportion of the other cases which I have treated, the temperature was quite high (104° to 105°) for the first day or two, but under treatment it steadily declined to convalescence.

These ranges of temperature do not correspond to the typical typhoid fever course. There seems to be no regularity about them.

*Bry.* and *rhus* seem to be best indicated in the great majority of cases. In fact, it is the exception if one or

\* Read before the County Society, December meeting.

the other is not called for. One case was given *verat. vir.* steadily until he was convalescent. The others were put on *bry.* or *rhus* and did well, the prescription not being changed from first to last.

## DISCUSSION.

DR. BURGER: I have met with a considerable number of cases of typhoid fever during the present season, and have used about the same class of remedies as named in the essay. I have, however, received great benefit from *bapt.*, when there was a wakeful, restless condition, and a feeling as though two persons were in the bed, or as if a limb was off and he could not get the parts together; the characteristic stool was frequently present in these cases. In regard to the temperature, I only had one case where it arose to 105.5°. The pulse varied in nearly every case. I pay very little attention to the pulse, believing it to be an unreliable guide in any disease, and bearing but little relation to the temperature. You will sometimes have a temperature of 101° and a pulse of 120, or a temperature of 102° or 103°, and a pulse of 100. I mention this incidentally. I had one severe case where hemorrhages occurred to the amount of nearly two gallons, according to the estimate of the father. I, myself, saw one discharge, which must have measured nearly a quart. The patient had had some diarrhoea before the hemorrhage set in. He is now convalescent, but I think his recovery is due to his robust condition. *Bell.* and *Ayos* were used for restlessness and sleeplessness, *ham.* for the hemorrhage, and *arsen.*, *bapt.*, *bry.*, and *rhus* for other conditions, which were present from time to time. Some of the cases occurring in the present epidemic may be of a malarial type, for they run a short course and are easily controlled, but by far the greater number are true forms of typhoid fever, running a course of several weeks with a temperature not below 101° or 102°. A few cases have been in children not more than four years old.

DR. Z. T. MILLER: It does not seem to me that the symptoms of the prevailing disease, are those of typhoid fever. Certainly not those distinct, clearly defined symptoms as laid down in the book. The symptoms which lead me to assign it to the malarial type of disease are the pains in the back of the head, stiffness of the neck, and frontal headache; with some there is profuse sweating, and a white furred tongue; very rarely does the tongue become dry, and constipation is more apt to be present than diarrhoea. In the beginning of the epidemic I gave such remedies as *bry.*, *rhus*, etc.; afterwards I gave *bell.* to at least four-fifths of the cases for the severe head pains, and as these yielded I generally continued the *bell.*, unless some other remedy seemed to be especially indicated. Again, the tenderness is over or just below the stomach; with a few cases the tenderness was in the left side of the abdomen, opposite to the ileo-cæcal region. The breath has a peculiar feverish odor. There are no *sordes*, and the duration varies from seven days to three weeks. One old lady, in whom the disease had run a mild course, suffered with a relapse after I had discharged her as convalescent. When I saw her again, the temperature was 105.5°, a chill having preceded. I gave *lycop.*, a profuse sweat followed, and she went on rapidly to convalescence.

DR. BURGER: I do not call the cases described by Dr. Miller typhoid fever; for such conditions I give *gels.* and cured the case.

DR. MILLER: I have given *gels.* also, but I maintain there is no connection between the general run of the present cases and typhoid fever.

DR. J. B. McCLELLAND: The cases seem to be different with different practitioners. I have been busy for the last month with these so-called typhoid or typho-malarial cases. With me, the symptoms have been principally pains in the forehead, soreness and tired feeling through the body and limbs. None of the cases,

with one exception, had a dry tongue. One case had been feeling bad for about two weeks before applying for treatment. There were the usual array of symptoms, with profuse sweating. The temperature was 104° and the pulse 82, full and round. This was in the office, and on visiting him the next day, I found the temperature 104.2° pulse 76 and full, tongue moist and but slightly coated, mind clear, had been very restless during the night. On the next day the temperature was 103.4°, pulse 60, but he still complained of great restlessness. The temperature went down to 102.8°, and the pulse to 60; no tenderness over the abdomen. At one of the visits the abdomen was not examined, but when I returned the next morning I found the patient in the severest rigor I have ever seen, with a marked appearance of terror on the face. The temperature was 103.5°, with excruciating pains in the abdomen, which was tympanitic, hot and tense. I gave *acon.* and *bell.*, and in the evening he said he felt better. The abdomen was still tense and tympanitic, and the pulse higher. He had a small mucous stool during this attack. A previous moderate diarrhoea was corrected by *rhus*. Sweating was continuous during my attendance. He died on the next day. There was no sudden fall of temperature, and no apparent shock. The tongue was moist all the time of his sickness, about 26 days. As death approached, the temperature gradually subsided. I attributed his death to peritonitis.

DR. MARTIN: Can you have painlessness of the abdomen in typhoid cases?

SEVERAL MEMBERS: Yes.

DR. McCLELLAND: Some of the cases have had pain, while others have no pain. I saw one case where purging had been intentionally produced by the physician in charge, which was relieved by *nux* and *lycop.*

In some cases *bapt.* was the only remedy given, in others *bry.* In one case where there was a sudden rise of temperature to 104°, *ver. vir.* was given. A warm, profuse sweat followed during the night, and the patient rapidly convalesced. *Phos. ac.* was given to another patient for a persistent diarrhoea. Nearly all of the patients have been sick for a week or ten days before applying for treatment. The highest temperature has varied from 103° to 104.2°.

DR. WILLARD: I do not believe that these cases are typho-malarial in character. Some of the cases are undoubtedly of a malarial type, such as have been described here, but they have nothing of a typhoid nature about them. Typho-malaria is a very severe disease, and generally runs a fatal course in a few days, being characterized by profuse sweatings. This class of disease is found in the South, at least I have never met it anywhere else, and is about as fatal as yellow fever. Last year there was an epidemic, similar to the present one, at Emsworth, and the cases were treated with large doses of *quinine*. There was an evening aggravation and a morning amelioration. Nearly all the cases died. The treatment was condemned by an old practitioner, because the cases, in his opinion, were not malarial. In one family where I was called in, several of the members had the disease. I considered it typhoid fever and treated it accordingly. Some were lightly attacked, and others in a severe form. The latter had well-marked symptoms: dry tongue, diarrhoea, high temperature. All the cases recovered. We have the same kind of cases this year. Two or three members of one family will have it in a light form, and another one in a severe form. Yet there are symptoms of typhoid prevailing all through the attack. All run a regular course, and you have to be as careful in the diet and hygiene as in cases of undoubted fever. Where a relapse occurs in the lighter cases, you will have tenderness over the abdomen, soreness in the ileo-cæcal region, brownish-colored diarrhoea, and other typical symptoms of typhoid fever. It is only where carelessness has produced a relapse that you get these

marked symptoms in those cases which have been called typho-malarial.

DR. J. H. McCLELLAND: There is such a thing as malarial fever with a typhoid element, but the symptoms are not the same as in the cases spoken of by Dr. Miller.

DR. MARTIN: The pulse is an important factor in typhoid fever, and I should think myself negligent if I relied on the thermometer alone. The two give you a clear idea of the condition of the patient and the probable termination of the case. I have observed that if the temperature falls and the pulse increases the prognosis is unfavorable; I never knew it to fail. But an equal fall of temperature and pulse is always a favorable sign. The relation of pulse and temperature is undoubtedly variable, much depending on the constitution and temperament of the patient. The pulse in some cases is naturally slow, while in others it is easily excited. Unless you keep watch of the pulse you will be deceived by the thermometer.

DR. EDMUNDSON: The cases coming under my observation have varied in severity. In the beginning of the epidemic, about the middle of October, I doubted if it was typhoid fever, but later I found the cases becoming more acute and showing typical symptoms of typhoid fever. In the beginning the cases ran from a week to ten days, and sometimes less than this. Some of my cases have had sordes and the severer symptoms of the fever. In some the tongue remained moist and almost clean all through the attack. There has been tenderness of the abdomen in every case—not confined, however to the ileo-cæcal region, except in a few cases, but extending over the whole abdomen. Diarrhœa was present in nearly every case. There is, to me, a peculiar odor about typhoid fever, and I believe I can tell a case as soon as I enter the room. In one case, where a profuse hemorrhage set in, *nitric acid* gave prompt relief, and the patient recovered. The blood discharged was black in color and tarry in consistency. My remedies have been *acon.*, *bry.*, *arsen.*, *bapt.* and *rhua.* In very few of the cases did the temperature rise above 101° in the first week or ten days; in the second week it would reach 102°, and in the third week fall back to 101°. Several cases starting in this indefinite way afterwards assumed more typical symptoms, but ran a short course. A few severe cases had a temperature of 104° to 105°. Not one of the cases had any delirium. I think an eruption will be found in nearly every case if a close examination is made.

DR. BURGHES: I do not think *nitric acid* stopped the hemorrhage in the case spoken of by Dr. Edmundson. The hemorrhage calling for this drug is bright in color; there is also a sensitiveness to noise, jarrings, etc. It would have been better if he had kept on with the *bapt.* which the patient was taking.

DR. J. H. McCLELLAND: When the starting point of the hemorrhage is high up in the bowel, the blood will be dark in color when discharged. When the hemorrhage is lower down it will be of a brighter color. If it comes away from the lower portion of the bowels and is dark in color, *nitric acid* will not help. Where *nitric acid* has seemed to act favorably, although the hemorrhage is dark, I have explained it in this way. I would call attention here to the symptoms attributed to *glenoïne* (TIMES, p. 206), where the patient thought there "was two of her."

A great many cases which I have seen this year are similar to those we used to call gastric fever. The term is not used at present, and yet it was not an inappropriate one in my opinion. Many of the cases are of this gastric remittent form. Children, for instance, will appear nearly well in the morning, and in the evening will have a high fever; with this there may be a diarrhœa and other symptoms simulating typhoid fever. So that taking all the cases as they run there

seems to be a general drift towards a typhoid condition. Whether the cases have the pathological changes incident to typhoid fever or not, we, of course, cannot tell, but I believe as we get further on we will have more distinct manifestations of genuine typhoid fever.

(T. M. S.)

THE AMERICAN PÆDOLOGICAL SOCIETY announces, as the special subject for discussion at its meeting next June, the diseases incident to the "Second Summer," as follows:

- 1st.—Difficult dentition, its cause, prevention, and treatment.
- 2d.—Alimentary complications.
- 3d.—Special hygiene of the "second summer," diet, etc.
- 4th.—Reflex cerebral disturbances.
- 5th.—Complications of the respiratory system.
- 6th.—Comparative mortuary statistics, under different systems of treatment and management.

DR. PALMER, in the University of Michigan, in a recent issue of the *North American Review*, gave his ideas of homœopathy with the result of raising a laugh among even his own confrères at his excessive stupidity and ignorance. After this abortion he gathered up all his strength for another mighty effort. The result was a book on the theory and practice of medicine in two ponderous volumes, of which the *New York Medical Journal*, in a very just review, says: "By what process of reasoning the author of these volumes convinced himself that it was his duty to write them, is a subject of inquiry from which those interested in psychological subjects might, with a little trouble, obtain both instruction and amusement. Possibly it was merely in the assertion of the right of every free born American citizen to make a book on any subject he please. He thus inflicted on us two ponderous volumes, which, so far as we can perceive from a very thorough examination, do not enumerate a single original idea, and do not contain a tithe of the ideas of other writers which they should contain in order to be regarded as useful agents in conveyance of medical truth. There are very few subjects considered by him in which he does not show that he has failed to keep up with the progress of medical science. The work contains a great deal of crude and elementary material badly arranged and commented on with indecision and incompleteness." Dr. Palmer is most decidedly sat upon.

DR. GOURGUES states that he has lately treated successfully two cases of squamous syphilide, with a weak solution of the acid nitrate of mercury (one part to two hundred of distilled water), used topically. The application, which was made three times in one case and four times in the other, at intervals of three or four days, merely reddened the affected parts, and gave rise to a slight irritation, which disappeared in a week, together with all traces of the psoriasis. No internal treatment was employed during the continuance of the eruption.—*Jour. de Médecine*, August 26, 1882.

THE SANITARY ENGINEER.—Mr. H. C. Meyer, the founder and editor of the *Sanitary Engineer*, has recently retired from other active interests to devote himself exclusively to his journal, which has even in its infancy stepped into the first rank of journalism in its special department. As an active, independent and zealous journalist, in a department of science upon which so much of the health of the community depends, Mr. Meyer has no superior.

THE *New York Medical Journal* will hereafter appear as a weekly publication, with thirty-two pages of reading matter and a dress resembling THE TIMES.



## MISCELLANY.

—A night medical service is shortly to be organized in Brooklyn.

—A woman recently died in Philadelphia said to be 115 years old.

—Dr. F. H. Orme has associated Dr. M. W. Manahan in his practice at Atlanta, Ga.

—The New York Co. Society is still active in its prosecution of illegal practitioners.

—The Emperor of Germany is reported to be suffering from a malady of a nephritic character.

—The first successful ovariectomy in Bellevue Hospital was performed recently in the new pavilion.

—It is proposed to establish a new asylum for the chronic insane in the eastern part of this State.

—Dr. H. D. Nicoll deserves congratulations for the result of his prosecution of a delinquent plumber.

—Friedrich Wohler, the Nestor of chemistry, died at Gottingen on Sept. 23, after a brief illness, aged 83.

—Lawson Tait has, this year, published one hundred more ovariectomies, "without any of the Listerian details."

—The Louisville Homœopathic Dispensary reports 2,067 cases treated during the past six months with excellent success.

—Prof. Joseph D. Bryant, M.D., of Bellevue College has been appointed Surgeon-General of this State, by Gov. Cleveland.

—A wholesale chemist in London manufactures one ton of homœopathic globules yearly, according to the *Medical Record*!

—It is stated that a woman gave birth to twelve children during the space of four years. Certainly a very fertile individual.

—There have been fourteen deaths in this city from the escape of illuminating gas in bedrooms, during the last four months.

—The death of Pidoux, the colleague of Trousseau, in his treatise on *Materia Medica and Therapeutics*, occurred Sept. 4, in Paris.

—Dr. Weir Mitchell is an advocate of the skim-milk treatment in Bright's disease. He gives eight to ten pints daily, and nothing else.

—The Maryland physicians have reorganized their State Society, with Dr. E. C. Price as President and Dr. O. E. Janney as Secretary, both of Baltimore.

—Dr. Hingston, of Montreal, recently removed an ovarian tumor from a child two years of age. The patient was doing well at last account.

—Oliver Wendell Holmes has resigned his professorship of anatomy in Harvard Medical School, to the great regret of his associates, and he has been appointed Emeritus professor.

—The Committee in charge of Blockley Hospital, says the *Phila. Med. Times*, recently compelled one of the attending physicians to resign for no other reason than to give his place to a woman physician.

—The Congressional Board of Audit has apportioned Dr. Bliss \$6,500, Drs. Agnew and Hamilton \$5,000 each, Dr. Boynton \$4,000, and Mrs. Dr. Edson \$3,000, for their attention to the late President Garfield.

—Dr. Keyes narrates two very interesting cases of the passage of gas with the urine, when there was no vesico-intestinal fistula, where both the gas and urine were sweet and inodorous, there being no evidence of decomposition of the urine.

—A Boston society engages itself in the work of providing free rides for invalids during the warm months. From last May to November 1,343 persons were given rides. In addition, 1,400 car tickets, and 640 round tickets on the harbor steamers, were distributed.

—The Allegheny Co., Pa., Society has elected R. E. Caruthers President; W. J. Martin, Vice-President; J. B. McClelland, Treasurer; T. M. Strong, Secretary, and the Anatomical Society, C. F. Bingham, President, and W. J. Martin, Secretary and Treasurer, for the ensuing year.

—According to the *Student's Journal*, a small quantity of the unbleached sulphate of quinine mixed with any ordinary tooth powder, forms an excellent quinine dentifrice, which not only preserves the teeth sound, and the gums healthy, but is found to be wonderfully efficacious for preventing toothache and neuralgia.

—Our new Penal Code provides that any physician who, while intoxicated or by mistake, gives any drug to his patient in such dose as to kill, is guilty of murder in the second degree. *Morphine* dosers should beware! It also provides that a person may direct the disposition to be made of the body after death or of separated parts during life.

—The New York County Society is on the alert respecting the forthcoming meeting of the State Society, and a lively time may be anticipated. We notice that the Herkimer Co. Society, in its resolutions, refers to the American Medical Association as a "parent," notwithstanding the State Society is the senior of the latter! This position reverses the usually accepted view of parentage.

—There is a doctor in Massachusetts who cures by prayer without fees, but who has built up a great establishment as a testimony to his powers. To him not long since a lady with heart disease (valvular) repaired, full of faith that his intercession in her behalf must succeed. On learning the nature of her case, he gravely shook his head, and said, "in his experience, the Lord rarely interfered in such cases."

—The Warren Prize Committee offer a premium of \$400 for the best dissertation, worthy of a prize, upon the following subject: "Chronic Bright's Disease (Parenchymatous and Interstitial Nephritis), the nature and mutual relations of the derangements in the circulatory and secretory organs." Dissertations should be forwarded to the resident physician, Mass. General Hospital, on or before Feb. 1, 1883.

—NEW BATHING APPARATUS.—We have recently been shown an exceedingly compact and useful arrangement for administering spray or vapor baths, medicated or otherwise, which can easily be attached to any bathtub and worked by any ordinary intelligent person. It is so arranged that medicated vapor can be inhaled and a regular vapor bath given at any time. The cost of the apparatus is trifling and we should suppose as a matter of luxury and health it would be introduced into every house. The apparatus can be seen at the cor. of 81st st. and Broadway, under the Grand Hotel.

—DR. A. P. Williamson, Chief of Staff, reports 628 patients treated at the Homœopathic Hospital, W. I., for November, with a death rate of 2.7 per cent. Among the interesting cases treated were the following: Acute croupous pneumonia; acute pleurisy; acute bronchitis; acute endocarditis; acute muscular and articular rheumatism; delirium tremens; nearly every variety of valvular lesion of the heart; Addison's disease; cancer of the liver; colloid cancer of the stomach; burns of the first, and second degrees; contused, lacerated and incised wounds; cellulitis; fractures; acute synovitis; syphilis in its primary, secondary and tertiary stages; gonorrhœa; orchitis; epididymitis; fourteen cases of erysipelas, etc.